



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90033 050 \*\*\*150.00

DOCUMENT # P05000102770																																																																																																					
<b>1. Entity Name</b> LAW OFFICE OF GAIL CHEATWOOD, P.A.																																																																																																					
<b>Principal Place of Business</b> 201 NORTH CHURCH AVENUE MULBERRY, FL 33860			<b>Mailing Address</b> 201 NORTH CHURCH AVENUE MULBERRY, FL 33860																																																																																																		
<b>2. Principal Place of Business - No P.O. Box #</b> 255 N. Kentucky AVE Suite, Apt. #, etc. Suite 205 City & State Lakeland FL Zip 33801 Country USA		<b>3. Mailing Address</b> 255 N Kentucky AVE Suite, Apt. #, etc. Suite 205 City & State Lakeland FL Zip 33801 Country USA																																																																																																			
<b>4. FEI Number</b> 20-3539996				Applied For <input type="checkbox"/> Not Applicable																																																																																																	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																	
<b>6. Name and Address of Current Registered Agent</b> CHEATWOOD, GAIL 201 NORTH CHURCH AVENUE MULBERRY, FL 33860			<b>7. Name and Address of New Registered Agent</b> Name Gail Cheatwood Street Address (P.O. Box Number is Not Acceptable) 255 N Kentucky AVE Suite 205 City Lakeland FL Zip Code 33801																																																																																																		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE <u>Gail Cheatwood</u> DATE <u>5-11-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete <input type="checkbox"/></td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHEATWOOD, GAIL</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>201 NORTH CHURCH AVENUE MULBERRY, FL 33860</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	CHEATWOOD, GAIL		STREET ADDRESS			CITY - ST - ZIP	201 NORTH CHURCH AVENUE MULBERRY, FL 33860		CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>																																																																																																					
SIGNATURE: <u>Gail Cheatwood</u> DATE <u>5-11-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																					



**ATTACHMENT**  
**40115351**  
**Division of Corporations**

**Annual Report**

**Annual Report Help**

Document Number

**P05000102770**

Business Entity Name

**LAW OFFICE OF GAIL CHEATWOOD, P.A.**

FEI Number

**203539996**

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address

**201 NORTH CHURCH AVENUE**

Suite, Apt. #, etc.

City, State

**MULBERRY**

**FL**

Zip Code & Country

**33860**

**Mailing Address**

Address

**201 NORTH CHURCH AVENUE**

Suite, Apt. #, etc.

City, State

**MULBERRY**

**FL**

Zip Code & Country

**33860**

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**CHEATWOOD**

**GAIL**

**- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

**201 NORTH CHURCH AVENUE**

Suite, Apt. #, etc.

City, State

**MULBERRY**

**FL**

Zip Code & Country

**33860**

**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

40115351

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PD
Name (Last, First, Middle, Title)	CHEATWOOD, GAIL, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	201 NORTH CHURCH AVENUE
City, State	MULBERRY, FL
Zip Code & Country	33860,
Title	
Name (Last, First, Middle, Title)	, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	,
Zip Code & Country	,
Title	
Name (Last, First, Middle, Title)	, , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	,
Zip Code & Country	,
Title	