

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107319

FILED
Apr 19, 2006
Secretary of State

Entity Name: LAW OFFICES OF JUSTIN GAINES, P.A.

Current Principal Place of Business:

625 COMMERCE DR. SUITE 102
LAKELAND, FL 338132733

New Principal Place of Business:

625 COMMERCE DR.
SUITE 102
LAKELAND, FL 338132733

Current Mailing Address:

625 COMMERCE DR. SUITE 102
LAKELAND, FL 338132733

New Mailing Address:

625 COMMERCE DR.
SUITE 102
LAKELAND, FL 338132733

FEI Number: 75-3198769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAINES, JUSTIN
2529 PINE VALLEY DR
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

GAINES, NICOLE
625 COMMERCE DR.
SUITE 102
LAKELAND, FL 33813 US

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.

SIGNATURE: NICOLE GAINES

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAINES, JUSTIN S
Address: 2529 PINE VALLEY DR
City-St-Zip: LAKELAND, FL 33810

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GAINES, JUSTIN S
Address: 625 COMMERCE DR., SUITE 102
City-St-Zip: LAKELAND, FL 33810

Title: VP () Change (X) Addition
Name: GAINES, NICOLE
Address: 625 COMMERCE DR., SUITE 102
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN GAINES

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date