

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90037 009 ***150.00

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1. Entity Name

GAIL T HONEYCUTT, PA



Principal Place of Business

27 GOLF VIEW DRIVE
OCALA FL 34472

Mailing Address

27 GOLF VIEW DRIVE
OCALA FL 34472



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

559 Allenwood Lp

City & State

City & State

The Villages, FL

Zip

Country

Zip

32162

Country

Sumter

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-3787256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HONEYCUTT, GAIL T
27 GOLF VIEW DRIVE
OCALA FL 34472

Name

GAIL T. Honeycutt

Street Address (P.O. Box Number is Not Acceptable)

559 Allenwood Lp

City

The Villages,

FL

Zip Code

32162

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
HONEYCUTT, GAIL T
27 GOLF VIEW DRIVE
OCALA FL 34472 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
559 Allenwood Lp
The Villages, FL 32162 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Gail T. Honeycutt* Gail T. Honeycutt

3-28-08

352-516-9131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone