2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 08:00 AN Secretary of State

DOCUMENT # P05000156506 1. Entity Name GAB PROPERTIES INC.		
Principal Place of Business	Mailing Address	
9153 SEDGEWOOD DR. LAKE WORTH, FL 33467	9153 SEDGEWOOD DR. LAKE WORTH, FL 33467	

04022007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number 54-2188742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAY, LEONA J. DO NOT WRITE 4321 NW 7TH ST. PLANTATION, FL 33317 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees U00000688884 After May 1, 2007 Fee will be \$550.00 <u>/11/07-80013-009</u> OFFICERS AND DIRECTORS 10. TITLE GORDON, SHIRNET E. NAME 9153 SEDGEWOOD DR. STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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/ag/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 grapowered/

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/07 471-2747