2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# P06000006837

Entity Name: GUSTAFSON & ASSOC., INC.

Current Principal Place of Business:

11426 HENDRIX DR
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

P O BOX 2398
DUNNELLON, FL 34432

New Mailing Address:

FEI Number: 04-3842418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUSTAFSON, JACQUELYN
11426 HENDRIX DR
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GUSTAFSON, GARY T
Address: 401 HOLLYHOCK LANE
City-St-Zip: SPRING HILL, FL 34608

Title: VPD ( ) Delete
Name: THATCHER, BRYCE A
Address: 6324 THISTLEBROOK LANE
City-St-Zip: BROOKSVILLE, FL 34602

Title: STD ( ) Delete
Name: GUSTAFSON, JACQUELYN
Address: 11426 HENDRIX DR
City-St-Zip: DUNNELLON, FL 34432

Title: D ( ) Delete
Name: KIRBY, GAYLE L
Address: 11426 HENDRIX DR
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GUSTAFSON, GARY T
Address: PO BOX 2398
City-St-Zip: DUNNELLON, FL 34430

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GAYLE L KIRBY D 01/03/2007

Electronic Signature of Signing Officer or Director — Date