

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # PD6 0000 93683

1. Entity Name

THE GEMINI GROUP INVESTIGATIONS



FILED

11 JUN -2 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

7976 SE Windjammer Way

3. Mailing Address

7976 SE Windjammer Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Hobe Sound FL

City & State

Hobe Sound, FL

4. FEI Number

205213634

Applied For

Not Applicable

Zip

33455

Country

US

Zip

33455

Country

US

5. Certificate of Status Desired ☐

\$6.75 Additional

Fee Required

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7. Name and Address of Current Registered Agent

Name

Jennifer Mulhearn

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

7976 SE Windjammer Way

City

Hobe Sound

FL

Zip Code

33455

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

Jennifer Mulhearn

Jennifer Mulhearn

5/20/2011

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

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State.

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

jmulhearn-pi@yoho.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	<u>P</u>
NAME	<u>Jennifer Mulhearn</u>
STREET ADDRESS	<u>7976 SE Windjammer Way</u>
CITY-ST-ZIP	<u>Hobe Sound FL 33455</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000207294300
05/06/11-01007-008 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

Jennifer Mulhearn

Jennifer Mulhearn

5/20/2011

(561) 352-3741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/2/11