


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90031 012 \*\*\*150.00

<b>DOCUMENT # P38830</b> 1. Entity Name <b>GAKEER FINANCIAL AGENCY, INC.</b>					
Principal Place of Business <b>605 ST ANDREWS BLVD</b> <b>NEW SMYRNA BEACH, FL 32168</b> <b>US</b>			Mailing Address <b>605 ST ANDREWS BLVD</b> <b>2B</b> <b>NEW SMYRNA BEACH, FL 32168</b> <b>US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>605 ST. ANDREWS BLVD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>NEW SMYRNA BEACH, FL</b>		4. FEI Number <b>34-1294523</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32168</b>		Country <b>US</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>O'BRIEN, FRANK C</b> <b>605 ST ANDREWS BLVD</b> <b>NEW SMYRNA BEACH, FL 32168</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP O'BRIEN, FRANK C <input type="checkbox"/> Delete 605 ST ANDREWS BLVD NEW SMYRNA BEACH, FL 32168				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC O'BRIEN, GAYLE T <input type="checkbox"/> Delete 605 ST ANDREWS BLVD NEW SMYRNA BEACH, FL 32168				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, KELLI O. <input type="checkbox"/> Delete 1630 GLADIOLAS DR WINTER PARK, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTO, ERIN O. <input type="checkbox"/> Delete 70 SYLVESTER PLACE LITTLETON, CO 80129				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, FRANK C <input type="checkbox"/> Delete 605 ST ANDREWS BLVD NEW SMYRNA BEACH, FL 32168				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BRIEN, GAYLE T <input type="checkbox"/> Delete 605 ST ANDREWS BLVD NEW SMYRNA BEACH, FL 32168				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE    NAME    STREET ADDRESS    CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Gayle T. O'Brien OWNER, VP</u> <u>03/08/07</u> <u>386 426 5876</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					