2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000018050

1. Entity Name
GAY G. GATLIN, INC.

Principal Place of Business	Mailing Address
2196 MAIN ST DUNEDIN, FL 34698 US	176TH TERR DR E REDINGTON SHORE, FL 33708 US

DO NOT WRITE IN THIS SPACE

03152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1370572	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGGETT, GAY G
210 176TH TERRACE DRIVE E
REDINGTON SHORES, FL 33708

DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUGGETT, GAY
STREET ADDRESS	210 176TH TERRACE DR E
CITY-ST-ZIP	REDINGTON SHORES, FL 33708

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000096248
03/25/04-80022-014 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Gay M Huggett_   3-22-04   727.394.2515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #