


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000038157

1. Entity Name
GUMBY'S OF IOWA CITY, INC.



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 7731 W. NEWBERRY RD STE A-3 GAINESVILLE, FL 32606 US | 7731 W. NEWBERRY RD STE A-3 GAINESVILLE, FL 32606 US |

DO NOT WRITE IN THIS SPACE



05232005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3185902 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MAYTER, JOHN F
 ATTORNEY AT LAW, P. A.
 704 NE FIRST ST.
 GAINESVILLE, FL 32601

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 _____ (NOTE: Registered Agent signature required when reinstating)

UN0000388668
 05/31/05-80011-008 150.00
 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | D |
| NAME | HIPPLER, CHANCE |
| STREET ADDRESS | 901 NW 8TH AVE SUITE B-5 |
| CITY-ST-ZIP | GAINESVILLE, FL 32601 |
| TITLE | D |
| NAME | O'BRIEN, JEFF |
| STREET ADDRESS | 901 NW 8TH AVE SUITE B-5 |
| CITY-ST-ZIP | GAINESVILLE, FL 32601 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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)(f), 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: JEFF O'BRIEN SEC 523-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #