

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000048514

1. Entity Name  
GARY'S IMPROVEMENTS INC.



Principal Place of Business  
3028 ELM WOOD  
TALLAHASSEE, FL 32311 US

Mailing Address  
3028 ELM WOOD  
TALLAHASSEE, FL 32311 US

FILED  
08 FEB 19 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02192008 Chg-P CR2E034 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3217608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDDLETON, GARY  
3028 ELM WOOD RD  
TALLAHASSEE, FL 32311

Name

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

City

FL

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MIDDLETON, GARY	
STREET ADDRESS	3028 ELM WOOD RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIDDLETON, KATHY	
STREET ADDRESS	3028 ELM WOOD RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	S	<input type="checkbox"/> Delete
NAME	MIDDLETON, BRUCE	
STREET ADDRESS	3028 ELM WOOD	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700119549587	
STREET ADDRESS	03/06/08--01016--010	
CITY-ST-ZIP	**150.00	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/08

850-566-1644