2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000059407 1. Entity Name LAUREL PROPERTIES OF GAINESVILLE



FILED Mar 26, 2007 08:00 AM **Secretary of State**

Principal Place of Business

INCORPORATED

Mailing Address

3601 SW2NDAVE

CITY-ST-ZIP

3601 SW2NDAVE

STEF CHINESVILLE, FL 32607 SIEF CHINESVILLE, FL 32607



03222007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3260475

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RICHARDSON, REGINA A 3601 SW 2ND AVE, STE F GAINESVILLE, FL 32607			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 it applicable. (NOTE: Registered			d Agent eigneture required when reinstating) DATE		
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		5.00 May Be dided to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, REGINA A 10519 NE COUNTRY RD 1469 EARLETON, FL 32631				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHARDSON, DAVID M 10519 NE COUNTRY RD 1469 EARLETON, FL 32631	1	į	·	U00000677636 04/02/07-80001-005 150.00
TITLE NAME STREET ADDRESS CATY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ĺ		IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 eath; 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.

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