


FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90031 034 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000059407			
1. Entity Name LAUREL PROPERTIES OF GAINESVILLE INCORPORATED			
Principal Place of Business 3601 SW 2ND AVE STE F GAINESVILLE, FL 32607		Mailing Address 3601 SW 2ND AVE STE F GAINESVILLE, FL 32607	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 199	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Earleton, FL	
Zip	Country	Zip	Country
		32631	
4. FEI Number 59-3260475		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 RICHARDSON, REGINA A 3601 SW 2ND AVE, STE F GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10519 N.E. County Rd. 1469 City Earleton FL Zip Code 32631	
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 <u>Regina Richardson</u> Regina A. Richardson 3/4/08 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, REGINA A 10519 NE COUNTRY RD 1469 EARLETON, FL 32631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHARDSON, DAVID M 10519 NE COUNTRY RD 1469 EARLETON, FL 32631 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

Regina Richardson Regina A. Richardson 3/4/08 352 468-2403

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03032008 Chg-P CR2E034 (12/06)