


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90187 021 ***150.00

DOCUMENT # P94000064789			
1. Entity Name GYPSY RIVER, INC.			
Principal Place of Business 3848 KILLEARN COURT TALLAHASSEE, FL 32308		Mailing Address 804 LAKESHORE DR TALLAHASSEE, FL 32312 US	
2. Principal Place of Business 3200 Commonwealth Blvd		3. Mailing Address 350 Hunters Crossing	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32303		Zip 32312	
Country USA		Country	
4. FEI Number 59-3264414		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, GENE D 3848 KILLEARN COURT TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3200 Commonwealth Blvd City Tallahassee FL Zip Code 32303	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D ALLEE, NANCY 804 E. LAKESHORE DRIVE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 Hunters Crossing Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Nancy L. Allee		NANCY L. ALLEE/D 1-6-07 (850) 386-7080	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	