



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 048 ***150.00

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| DOCUMENT # P95000050590 1. Entity Name GAYCO, INC. | | | |  | |
| Principal Place of Business 563 CANAL ROAD PONTE VEDRA BEACH, FL 32082 | | | Mailing Address P.O. BOX 696 PONTE VEDRA BEACH, FL 32004-0696 | | |
| 2. Principal Place of Business - No P.O. Box # 709 Standish Drive Suite, Apt. #, etc. St. Augustine Florida City & State | | 3. Mailing Address PO Box 696 Suite, Apt. #, etc. Ponte Vedra Beach, Florida City & State | |  | |
| Zip 32086 | | Country | | 4. FEI Number 59-3328965 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent BARTLETTE, ESQ., BARON 135 PROFESSIONAL DR STE 101 PONTE VEDRA BEACH, FL 32082 | | | 7. Name and Address of New Registered Agent 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 _____ (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. <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 GAY, LINDA E 563 CANAL ROAD PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GAY, ALPHA A 563 CANAL RD PONTE VEDRA BEACH, FL 32082 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GAY, LINDA E 709 Standish Drive St. Augustine Florida 32086 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GAY, Alpha A 709 Standish Drive St. Augustine Florida 32086 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GAY, Alpha A 709 Standish Drive St. Augustine Florida 32086 | <input checked="" 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: <u>Linda E. Gay</u> LINDA E GAY <u>04/30/08</u> <u>904 708-7304</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |