


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000030152		
1. Entity Name GAIL'S ORIGINALS, INC.		
Principal Place of Business 2755 GROUPE DR MARATHON, FL 33050		Mailing Address 2755 GROUPE DR MARATHON, FL 33050
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CREECH, ANDREA GAIL 2755 GROUPE DR MARATHON, FL 33050		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000115340 04/16/04-80020-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	CREECH, ANDREA GAIL	
STREET ADDRESS	2755 GROUPE DR	
CITY- ST- ZIP	MARATHON, FL 33050	
TITLE		
NAME		
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CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Andrea Gail Creech</u> <u>Andrea Gail Creech</u> 4/13/04 (305) 743-5873 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR Date Daytime Phone #</small>		