2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State
05-03-2006 90208 015 ***150.00

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1. Entity Name
GARTLEY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
919 CUMBERLAND ROAD VENICE, FL 34293	919 CUMBERLAND ROAD VENICE, FL 34293

04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0849758
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARTLEY, MICHAEL A
919 CUMBERLAND ROAD
VENICE, FL 34293

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $160.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARTLEY, MICHAEL A
STREET ADDRESS	919 CUMBERLAND ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	GARTLEY, DEBORAH L
STREET ADDRESS	919 CUMBERLAND ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	P
NAME	GARTLEY, MICHAEL A
STREET ADDRESS	919 LUMBERLAND RD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	ST
NAME	GARTLEY, DEBORAH L
STREET ADDRESS	919 LUMBERLAND RD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 6/10/06 941-484-5616
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #