## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 08:00 AM - Secretary of State

ANNUAL REPORT						Secretary of State				
DOCUMENT # P98000106257  1. Entity Name GAIL JOHNSON, P.A.					And an investment of the Control of			,		
Principal Place of Business Mailing Address					-					
2490 CLIFFDALE STREET OCOEE, FL 34761		2490 CLIFFDALE STREET OCOEE, FL 34761								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005	Chg-P	CR2E034	4 (10/03)			
City & State		City & State			4. FEI Number 59-3548	267		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country			Status Desired	□ <b>\$</b>	8.75 Add	fitional	
	6. Name and Address of Current	Ranietarad Ament	1	ı	7 Name and A	ddress of New R		ee Require	a	
				Name	7. Italie alia e		ugiatorea Ag	<u> </u>		
JOHNSON, GAIL 2490 CLIFFDALE STREET			Street Address (P.O. Box Number is Not Acceptable)							
OCOEE, FL 34761					· · · · · · · · · · · · · · · · · · ·					
			City				FL	Zip Code	8	
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										
The state of the s										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con	_		.00 May Be ed to Fees					
10.					ADDITIONS/C	HANGES TO OFFI				
TITLE	PD	☐ Delete	TITLE	1				Change	Addition	
NAME STREET ADDRESS	JOHNSON, GAIL 2490 CLIFFDALE STREET		NAM STRE	ET ADDRESS						
CITY-ST-ZIP	OCOEE, FL 34781		•	-ST-ZIP						
FITLE	ST	☐ Delete	TITLE				[	Change	☐ Addition	
NAME	HALE, HANK		NAM	<b> </b>		U00000 05/02/05	0350893			
STREET ADDRESS CITY-ST-ZIP	2490 CLIFFDALE ST OCOEE, FL 34761			ET ADDRESS -ST-ZIP		05/02/05	-80124-	004 15	30 <b>.</b> 00	
TITLE		☐ Delete	TITLE				[	Change	☐ Addition	
NAME	0000		NAM	1					***************************************	
STREET ADDRESS	TO THE PARTY OF TH			ET ADDRESS						
CITY-ST-ZIP		Пан		-ST-ZIP		<del></del>	г	Change	☐ Addition	
TITLE NAME	On the second se	☐ Delete	TITLE NAM					T oriende	L MUSSON	
STREET ADDRESS	remarkements		STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TULE		☐ Delete	TITLE	4			[	☐ Change	Addition	
NAME STREET ADDRESS			NAMI	E Et address						
CITY-ST-ZIP				-ST-ZIP						
IIITE		☐ Defete	TITLE				[	☐ Change	Addition	
NAME			NAM	•						
STREET ADDRESS CITY-ST-ZIP			•	ET ADORESS -ST-ZIP						
	portify that the interesting and it is	is their filling along and account to			ation 110 07/01/0	Elarída Ctatuta - 1	further eastif	a thent time in	formation	
12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 pempowered.										