

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106257

FILED  
May 01, 2006  
Secretary of State

Entity Name: GAIL JOHNSON, P.A.

## Current Principal Place of Business:

2490 CLIFFDALE STREET  
OCOE, FL 34761

## New Principal Place of Business:

701 E. LAKESHORE DR.  
OCOE, FL 34761

## Current Mailing Address:

2490 CLIFFDALE STREET  
OCOE, FL 34761

## New Mailing Address:

701 E. LAKESHORE DR.  
OCOE, FL 34761

FEI Number: 59-3548267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, GAIL  
2490 CLIFFDALE STREET  
OCOE, FL 34761 US

## Name and Address of New Registered Agent:

JOHNSON, GAIL  
701 E. LAKESHORE DR.  
OCOE, FL 34761 US

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.

SIGNATURE:

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHNSON, GAIL  
Address: 2490 CLIFFDALE STREET  
City-St-Zip: OCOE, FL 34761

Title: ST ( ) Delete  
Name: HALE, HANK  
Address: 2490 CLIFFDALE ST  
City-St-Zip: OCOE, FL 34761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JOHNSON, GAIL  
Address: 701 E. LAKESHORE DR.  
City-St-Zip: OCOE, FL 34761

Title: ST (X) Change ( ) Addition  
Name: HALE, HANK  
Address: 701 E. LAKESHORE DR.  
City-St-Zip: OCOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL JOHNSON

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date