

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

192

DOCUMENT # P99000088077

1. Entity Name  
GAIL WYNNS, P.A.



Principal Place of Business  
1153-10TH AVE.,N.  
NAPLES, FL 34102

Mailing Address  
1153-10TH AVE.,N.  
NAPLES, FL 34102

FILED  
05 AUG -1 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07272005 No Chg-P CF2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0950708

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

WYNNS, GAIL  
1153-10TH AVE.,N.  
NAPLES, FL 34102

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
WYNNS, GAIL  
1153-10TH AVE.,N.  
NAPLES, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 empowered.

**SIGNATURE:**

*Gail Wynns*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**A BETTER  
BUSINESS & TAX SERVICE, INC.**

600 Goodlette Rd., N., Ste. 104 • Naples, Florida 34102

- PHONE: (239) 263-0829
- FAX: (239) 263-6780
- TOLL FREE: 1-800-786-0829

July 27, 2005

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Gail Wynns, P.A.  
Letter dated July 11, 2005  
P99000088077

Attn: Glenda E. Hood

Dear Ms. Hood:

With reference to the above, copy enclosed, please note that the wrong form was downloaded.

The client had not received prior notice and the error occurred in downloading the correct form.

Enclosed you will find the, signed, correct form to be processed.

If there are any questions, I, or my associate Rose Racut, can be reached Monday through Friday between the hours of 11:00 a.m. and 5:00 p.m. by telephone or fax.

Thank you.

Sincerely,

*Helen Watson*

Helen Watson  
President

/rr

Enc.