


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S06092</b>	
<b>1. Entity Name</b> GERRELL PLANTATION, INC.	

<b>Principal Place of Business</b> 10608 GERRELL DRIVE TALLAHASSEE, FL 32311	<b>Mailing Address</b> 10608 GERRELL DRIVE TALLAHASSEE, FL 32311
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**DO NOT WRITE IN THIS SPACE**



02272007 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3033113	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

GERRELL, J. LAWSON  
10608 GERRELL DRIVE  
TALLAHASSEE, FL 32311

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000056266 03/14/07 80039 000 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	DP
<b>NAME</b>	BUTLER, MARILEE GERRELL
<b>STREET ADDRESS</b>	10608 GERRELL DRIVE
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL
<b>TITLE</b>	DV
<b>NAME</b>	GERRELL, J. LAWSON
<b>STREET ADDRESS</b>	10608 GERRELL DRIVE
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL
<b>TITLE</b>	DS
<b>NAME</b>	GERRELL, ALLEN R.
<b>STREET ADDRESS</b>	10608 GERRELL DRIVE
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL
<b>TITLE</b>	DT
<b>NAME</b>	GERRELL, W. DALE
<b>STREET ADDRESS</b>	10608 GERRELL DRIVE
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** W. Dale Gerrell - W. Dale Gerrell **3-2-07** **850-491-2417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #