

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90029 037 ***150.00

DOCUMENT # S30526

1. Entity Name

CYNTHIA GAYLE'S, INC.



Principal Place of Business

716 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071
US

Mailing Address

P.O. BOX 770145
CORAL SPRINGS FL 33077-0145
US

2. Principal Place of Business

6632 PARKSIDE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

PARKLAND, FL

4. FEI Number

65-0246067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAYLE, CYNTHIA
7228 LAUREL LANE
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GAYLE, CYNTHIA
STREET ADDRESS 7228 LAUREL LANE
CITY-ST-ZIP PARKLAND FL 33067

TITLE T ☐ Delete
NAME HUTCHISON, CHARLES
STREET ADDRESS 7228 LAUREL LANE
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME SHERY HJELVIK
STREET ADDRESS 6632 PARKSIDE DRIVE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE VP ☐ Change ☒ Addition
NAME DEBORAH FISHMAN
STREET ADDRESS 6632 PARKSIDE DRIVE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Cynthia Gayle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYNTHIA
GAYLE

3-17-05

954-575-0489

Date

Daytime Phone #