

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S71925

FILED
Mar 10, 2007
Secretary of State

Entity Name: J. GAIL AND ASSOCIATES REALTY AND MANAGEMENT, INC.

Current Principal Place of Business:

PO BOX 820
CRYSTAL BEACH, FL 34681 US

New Principal Place of Business:

983 BAYOU LANE
CRYSTAL BEACH, FL 34681 US

Current Mailing Address:

46 N. WASHINGTON BLVD.
#1
SARASOTA, FL 34681 US

New Mailing Address:

PO BOX 820
CRYSTAL BEACH, FL 34681 US

FEI Number: 65-0291230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GAIL, JAMES L
Address: PO BOX 820
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: VS () Delete
Name: GAIL, GAIL D
Address: P. O. BOX 820
City-St-Zip: CRYSTAL BEACH, FL 34681

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES L GAIL

PRES

03/10/2007

Electronic Signature of Signing Officer or Director

Date