


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90177 035 \*\*\*150.00

<b>DOCUMENT # V21197</b>		
1. Entity Name <b>GLEASON &amp; PAUL, INC.</b>		

Principal Place of Business <b>1200 EDWARDS LN ORLANDO, FL 32804 US</b>	Mailing Address <b>P.O. BOX 0566 DAYTONA BEACH, FL 32115-0566 US</b>
--	---

2. Principal Place of Business <b>440 Western Rd</b>	3. Mailing Address <b>PO Box 291261</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>New Smyrna Bch FL</b>	City & State <b>Port Orange FL</b>
Zip <b>32168</b>	Country <b>US</b>
Zip <b>32129-1261</b>	Country <b>US</b>

**40069640**



04252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>58-1974461</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>PAUL, JANIS G. 1200 EDWARDS LN ORLANDO, FL 32804</b>	7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>440 Western Rd</b> City <b>New Smyrna Bch FL</b> Zip Code <b>32168</b>
--	---

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 *Janis Paul* *[Signature]* **4-25-06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, JANIS G. 1200 EDWARDS LN ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEASON, BRIAN P. 1200 EDWARDS LN ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLEASON, MICHAEL E., JR. 7817 MUDLAKE ROAD MACCLENNY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janis Paul* **4-25-06** **386 290 1521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #