


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90018 026 \*\*\*150.00

**DOCUMENT # P0000060939**

1. Entity Name  
**GAIL BARLOW, PA**



Principal Place of Business  
**1980 WILLOWBEND CIR #102 NAPLES FL 34109**

Mailing Address  
**1980 WILLOWBEND CIR #102 NAPLES FL 34109**

**54065275**



MOORE CR2E034 (4/04)

2. Principal Place of Business  
**1600 WINDING OAKS Way Suite, Apt. #, etc. #103**

3. Mailing Address  
**1600 WINDING OAKS Way Suite, Apt. #, etc. #103**

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

Zip  
**34109** Country  
**U.S.A**

Zip  
**34109** Country  
**U.S.A**

4. FEI Number **59-3653716** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BARLOW, GAIL - 1600 WILLOWBEND CIR #102 NAPLES FL 34109**  
**1600 WINDING OAKS Way #103 NAPLES FL 34109**

7. Name and Address of New Registered Agent  
 Name **BARLOW, GAIL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1600 WINDING OAKS Way #103**  
 City **NAPLES FL** Zip Code **34109**

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 *Gail Barlow* **President** DATE **7/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BARLOW, GAIL</b>
STREET ADDRESS	<b>3951 GULF SHORE BLVD., APT. 101</b>
CITY-ST-ZIP	<b>NAPLES FL 34103</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BARLOW GAIL</b>
STREET ADDRESS	<b>1600 WINDING OAKS Way #103</b>
CITY-ST-ZIP	<b>NAPLES FL 34109</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gail Barlow* **President** DATE **7/25/04**

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