


2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90065 006 ***150.00

DOCUMENT # P00000060939
 1. Entity Name
GAIL BARLOW, PA



Principal Place of Business Mailing Address
1600 WINDING OAKS WAY #103 NAPLES FL 34109 **1600 WINDING OAKS WAY #103 NAPLES FL 34109**



2. Principal Place of Business 3. Mailing Address
4103 WEATHERSTONE WAY **4103 Weatherstone way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
ANDERSON SC **Anderson SC**

4. FEI Number Applied For
59-3653716 Not Applicable

Zip Country Zip Country
29621 USA **29621 USA**

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

6. Name and Address of Current Registered Agent
BARLOW, GAIL
1600 WINDING OAKS WAY #103 NAPLES FL 34109

7. Name and Address of New Registered Agent
 Name **BROUSE, LINDSAY**
 Street Address (P.O. Box Number is Not Acceptable)
4111 S.W. 30th CT
 City **OCALA** FL Zip Code **34474**

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 Lindsay C Brouse - Lindsay Brouse (secretary) DATE 02/13/06
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 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 <input type="checkbox"/> Delete
NAME	BARLOW, GAIL
STREET ADDRESS	1600 WINDING OAKS WAY #103
CITY - ST - ZIP	NAPLES FL 34109
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOW, GAIL
STREET ADDRESS	4103 WEATHERSTONE WAY
CITY - ST - ZIP	ANDERSON SC. 29621
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 exemptions contained in Section 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: Lindsay Brouse PA DATE: 2/8/06 DAYTIME PHONE: 864-226-3628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #