

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000074186

**Entity Name:** GAIL A. JONAS INC.

**Current Principal Place of Business:**

1899 W HIALEAH DR  
CITRUS SPRINGS, FL 34434

**Current Mailing Address:**

1899 W HIALEAH DR  
CITRUS SPRINGS, FL 34434 US

**FEI Number:** 45-0518479

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONAS, GAIL A  
1899 W HIALEAH DR  
CITRUS SPRINGS, FL 34434 US

*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

**Officer/Director Detail :**

Title PD  
Name JONAS, GAIL A  
Address 1899 W HIALEAH DR  
City-State-Zip: CITRUS SPRINGS FL 34434

*I hereby 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 all other like empowered.*

**SIGNATURE:** GAIL JONAS

**PRESIDENT**

**04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date