2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90655 011 ***150.00

DOCUMENT # F25227

1. Entity Name

MICHAEL A. GILKEY, INCORPORATED

54031790

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
5511 ASHTON RD SARASOTA FL 34233	5511 ASHTON RD SARASOTA FL 34233

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2074569 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILKEY, MICHAEL A. 5511 ASHTON RD SARASOTA FL 34233	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GILKEY, KATHY W. ~~5511 ASHTON RD~~ ~~SARASOTA FL~~	☐ Delete	ST GILKEY, KATHY W. 1825 ISLAND WAY OSPREY FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GILKEY, MICHAEL A. ~~5511 ASHTON RD~~ ~~SARASOTA FL~~	☐ Delete	P GILKEY, MICHAEL A. 1825 ISLAND WAY OSPREY FL 34229	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GILKEY, MICHAEL A JR. ~~1757 LAUREL STREET~~ SARASOTA FL 34236	☐ Delete	VP GILKEY, MICHAEL A. JR. 2276 CLEMATIS STREET SARASOTA FL 34236	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Kathy W. Gilkey Sec/Treas KATHY W. GILKEY, SEC/TREAS 4.2.04 941.924.0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #