

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F25227 1. Entity Name MICHAEL A. GILKEY, INCORPORATED					
Principal Place of Business 5511 ASHTON RD SARASOTA FL 34233			Mailing Address 5511 ASHTON RD SARASOTA FL 34233		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2074569	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILKEY, MICHAEL A. 5511 ASHTON RD SARASOTA FL 34233				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when registering)					
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 2 Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILKEY, KATHY W. 1825 ISLAND WAY OSPREY FL 34229	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILKEY, MICHAEL A. 1825 ISLAND WAY OSPREY FL 34229	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILKEY, MICHAEL A JR 2276 CLEMATIS STREET SARASOTA FL 34236	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			



1st MOORE CR2E034 (10/05)

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

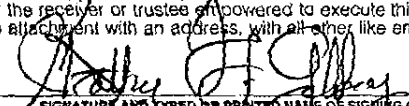
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May 2 Added to Fees**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)
☐ Change ☐ Add
000000440936
03/03/06 00015-020 150.00

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 reports 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:  **2/16/06 941.924.013**