

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022987

Entity Name: GABLECO INC.

FILED
May 27, 2004
Secretary of State

Current Principal Place of Business:

1662 MAIN STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1662 MAIN STREET
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 56-2317631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABLE, ALIKI C
3512 MINEOLA DRIVE
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GABLE, SCOTT A
Address: 3512 MINEOLA DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: VP () Delete
Name: GABLE, ALIKI C
Address: 3512 MINEOLA DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: SEC. () Delete
Name: GABLE, ALIKI C
Address: 3512 MINEOLA DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: TREA () Delete
Name: GABLE, ALIKI C
Address: 3512 MINEOLA DRIVE
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALIKI GABLE

VP

05/27/2004

Electronic Signature of Signing Officer or Director

_____ Date