

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000138408 1. Entity Name JAMES R. GILBERT ENTERPRISES, INC.	
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Principal Place of Business 12878 ROALDE ROAD TALLAHASSEE, FL 32317	Mailing Address 12878 ROALDE ROAD TALLAHASSEE, FL 32317
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04302007 No Chg-P CR2E034 (11/05)

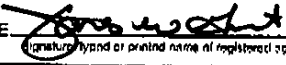
4. FEI Number 45-0531641	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GILBERT, JAMES R 12878 ROALDE ROAD TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 initiating)

DATE

4-30-07.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

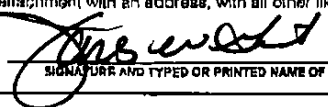
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILBERT, JAMES R 12878 ROALDE RD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILBERT, JAMES W 12878 ROALDE ROAD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/24/07-00043-004-150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07.

Title

Daytime Phone #