


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000078037**

1. Entity Name  
**SEVEN GABLES REALTY, INC.**



Principal Place of Business  
**4312 N. PARK  
 TAMPA FL 33624  
 US**

Mailing Address  
**4312 N. PARK  
 TAMPA FL 33624  
 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E034 (10/05)

4. FCI Number **65-0533110** Applied For  Not Applicable

6. Name and Address of Current Registered Agent

**ANGELO, CHRISTOPHER  
 4415 CARROLLWOOD VILLAGE DR  
 TAMPA FL 33624**

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

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 **ANGELO Marie-Madeleine Marie-Madeleine Angelo Feb. 1, 2006**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when coexisting) DATE

**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 Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DC	<input type="checkbox"/> Delete
NAME	ANGELO, CHRISTOPHER	
STREET ADDRESS	4415 CARROLLWOOD VILLAGE DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANGELO, NICKOLAS	
STREET ADDRESS	12504 NETTLE CREEK RD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANGELO, NICKOLAS J	
STREET ADDRESS	4312 NORTHPARK DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANGELO, MARIE MADELEIN	
STREET ADDRESS	4312 NORTHPARK DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANGELO, CHRISTOPHER	
STREET ADDRESS	4312 NORTHGATE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000000416294  
 02/13/06-80009-009 150.00

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 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: **ANGELO Marie-Madeleine Marie-Madeleine Angelo 8326594**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR