
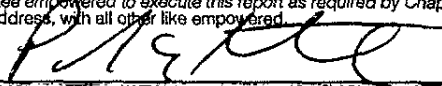


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 271601</b> 1. Entity Name <b>GILMORE ENTERPRISES, INC.</b>		
Principal Place of Business <b>200 W HWY 98 #902 P. O. BOX 2438 ZIP 32549 FORT WALTON BEACH, FL 32549-2438</b>	Mailing Address <b>200 W HWY 98 #902 P. O. BOX 2438 ZIP 32549 FORT WALTON BEACH, FL 32549-2438</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GILMORE, JERRY M 29 INDUSTRIAL STREET FORT WALTON BEACH, FL 32548</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLATE, PAMELA E 205 PILGRIM AVE FT WALTON BCH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD GILMORE, WILDA M 200 W. HWY 98 #902 FORT WALTON BEAC, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILMORE, JERRY M P O BOX 2438 200 WEST HWY 98 #902 FT WALTON BCH, FL 32549	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		<b>3/17/05</b> (850) 243-8164 Date Daytime Phone #



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1009084</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

000000274883  
03/24/05-80029-021 150.00

**DO NOT WRITE  
IN THIS SPACE**