

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 271601

1. Entity Name
GILMORE ENTERPRISES, INC.



Principal Place of Business
**200 W HWY 98 #902
P. O. BOX 2438 ZIP 32549
FORT WALTON BEACH, FL 32549-2438**

Mailing Address
**200 W HWY 98 #902
P. O. BOX 2438 ZIP 32549
FORT WALTON BEACH, FL 32549-2438**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1009084

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GILMORE, JERRY M
29 INDUSTRIAL STREET
FORT WALTON BEACH, FL 32548**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PLATE, PAMELA E
STREET ADDRESS	205 PILGRIM AVE
CITY - ST - ZIP	FT WALTON BCH, FL
TITLE	SVD
NAME	GILMORE, WILDA M
STREET ADDRESS	200 W. HWY 98 #902
CITY - ST - ZIP	FORT WALTON BEAC, FL
TITLE	P
NAME	GILMORE, JERRY M
STREET ADDRESS	P O BOX 2438 200 WEST HWY 98 #902
CITY - ST - ZIP	FT WALTON BCH, FL 32549
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000379876
01/10/06-80040-009 150.00

**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

Pamela E Plate
**Pamela E Plate
DIRECTOR**

1/4/06
1/4/06 850-243-8164

Date

Daytime Phone #