


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 271601</b> 1. Entity Name <b>GILMORE ENTERPRISES, INC.</b>	
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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>
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**DO NOT WRITE IN THIS SPACE**



01182007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  
**GILMORE, JERRY M  
29 INDUSTRIAL STREET  
FORT WALTON BEACH, FL 32548**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000633627 02/21/07-80070-010 150.00</b>
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10. OFFICERS AND DIRECTORS

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

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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:** *Pamela E Plate* **2/6/07** **850-243-8164**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #