

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 271601

FILED
Apr 17, 2009
Secretary of State

Entity Name: GILMORE ENTERPRISES, INC.

Current Principal Place of Business:

200 W HWY 98 #902
P. O. BOX 2438 ZIP 32549
FORT WALTON BEACH, FL 325492438

New Principal Place of Business:

Current Mailing Address:

200 W HWY 98 #902
P. O. BOX 2438 ZIP 32549
FORT WALTON BEACH, FL 325492438

New Mailing Address:

FEI Number: 59-1009084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GILMORE, JERRY M
21 JET DRIVE
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PLATE, PAMELA E
Address: 205 PILGRIM AVE
City-St-Zip: FT WALTON BCH, FL

Title: SVD () Delete
Name: GILMORE, WILDA M
Address: 200 W. HWY 98 #902
City-St-Zip: FORT WALTON BEAC, FL

Title: P () Delete
Name: GILMORE, JERRY M
Address: P O BOX 2438 200 WEST HWY 98 #902
City-St-Zip: FT WALTON BCH, FL 32549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA E PLATE

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date