## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 28, 2005 08:00 AM **DOCUMENT # 281862 Secretary of State** 1. Entity Name GABRIEL GROVE SERVICE INC Principal Place of Business Mailing Address ALTURAS LOOP ROAD POST OFFICE BOX 86 ALTURAS FL 33820 ALTURAS LOOP ROAD POST OFFICE BOX 86 ALTURAS FL 33820 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1060776 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 550 E DAVIDSON STREET BARTOW FL 33830 Zio 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 bignature, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD IIILE ☐ Delete ☐ Change ☐ Addition GABRIEL, I.J. NAM STREET ADDRESS 2113 EDGEWATER CIRCLE SE STREET ADORESS WINTER HAVEN FL 33880 CITY-ST ZIP CITY-ST-7IP VŊ OBYOLYUS-80006-013-1599,uU Addition 1111 8 ☐ Delete SMITH, MARY NELL NAME MAME OAK DRIVE P.O.BOX 206 STREET ADDRESS STREET ADDRESS ALTURAS FL CHY SE-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition MARKE SLATER, DINAH KAY MARKE STREET ADDRESS OAK DRIVE P.O.BOX 224 STREET ADORESS CBY-SI-ZIP CITY-ST-ZIP ALTURAS FL 1:111 ☐ Delete ☐ Change ☐ Addition NAM STREET ADDRESS STREET ADDRESS 1117-51-7# CITY-ST-ZIP hitié Defete Change ☐ Addition NAMI 1361/1 SEARCH ADDRESS STREET ADDRESS 1414-51-41 City ST-ZiP 0)(1) Delete itte ☐ Change ☐ Addition HALC NAME "IRFET ADORESS STREET ADDRESS CitY-S1-ZiP

12. Thereby 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:

CNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-05-863-294-0055

**FILED**