

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90045 036 \*\*\*150.00

**DOCUMENT # 530661**  
 1. Entity Name  
 GILBERT M. GIL, INC.



Principal Place of Business: 2007 PALMETTO ST. PLANT CITY, FL 33567  
 Mailing Address: 2007 PALMETTO ST. PLANT CITY, FL 33567

90002214

2. Principal Place of Business: 2002 Juniper Dr  
 3. Mailing Address: 2002 Juniper Dr.



01122005 Chg-P CR2E034 (10/03)

City & State: Plant City, FL  
 Zip: 33563  
 Country: [Blank]

4. FEI Number: 59-1901381  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 GIL, GILBERT M  
 1304 JUNIPER DR.  
 PLANT CITY, FL 33563

7. Name and Address of New Registered Agent  
 Name: [Blank]  
 Street Address (P.O. Box Number is Not Acceptable): 2002 Juniper Drive  
 City & State: Plant City FL Zip Code: 33563

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] DATE: 1-14-05  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	GIL, GILBERT MICHAEL	
STREET ADDRESS	1304 JUNIPER DR	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] GILBERT M. GIL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 1-14-05 (813) 752-2236  
 DATE DAYTIME PHONE #