


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90055 019 ***150.00

DOCUMENT # 530661

1. Entity Name
GILBERT M. GIL, INC.



Principal Place of Business Mailing Address

**2002 JUNIPER DR
 PLANT CITY, FL 33563** **2002 JUNIPER DR
 PLANT CITY, FL 33563**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2502 Clubhouse Dr **2502 Clubhouse Dr.**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Plant City, FL **Plant City, FL**

Zip Country Zip Country

33563 **33563** **FL** **FL**



04092008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-1901381 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

**GIL, GILBERT M
 2002 JUNIPER DRIVE
 PLANT CITY, FL 33563**

Name **Marie L. Sarria**

Street Address (P.O. Box Number is Not Acceptable)

2502 Clubhouse Dr.

City **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 **M. Annette Sarria** DATE **3-31-08**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIL, GILBERT MICHAEL		NAME		
STREET ADDRESS	2002 JUNIPER DR		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIL, OFELIA V		NAME		
STREET ADDRESS	2002 JUNIPER DR		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 33563		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	P, T, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARRIA, MARIE L		NAME	SARRIA, MARIE L	
STREET ADDRESS	2502 CLUBHOUSE DR		STREET ADDRESS	2502 Clubhouse Dr	
CITY-ST-ZIP	PLANT CITY, FL 33566		CITY-ST-ZIP	Plant City, FL 33563	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **M. Annette Sarria** DATE **3-31-08** DAYTIME PHONE # **8137649516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #