




2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-16-2005 90001 005 ***150.00
J00959

FILED

05 JUL -6 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # J00959 1. Entity Name GILIBERTI, INC. | | | |  | |
| Principal Place of Business 13247 S.W. CITRUS BLVD., #11 INDIANTOWN, FL 34956 | | Mailing Address 13247 S.W. CITRUS BLVD., #11 INDIANTOWN, FL 34956 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 06032005 Chg-P CR2E034 (10/03) | |
| Zip | | Zip | | 4. FEI Number 59-2657223 | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GILIBERTI, JOHN F. 1243 KINGLET TERRACE WEST PALM BEACH, FL 33414 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PDS GILIBERTI, SR. JOHN 1243 KINGLET TERR. WEST PALM BEACH, FL 33414 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPDT GILIBERTI, JOHN JR 105 PARADISE HARBOUR #501 NORTH PALM BEACH, FL 33408 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | 6/13/05 772-597-1870 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |