

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J53561**

**1. Entity Name**  
**SEVEN GABLES CONSTRUCTION & DESIGN CO.**



**Principal Place of Business**  
**5875 BRADFORDVILLE RD**  
**TALLAHASSEE, FL 32309 US**

**Mailing Address**  
**5875 BRADFORDVILLE RD**  
**TALLAHASSEE, FL 32309 US**



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-2753910**

**Applied For**  
**Not Applicable**

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

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

**CAREY, SUSAN**  
**5875 BRADFORDVILLE RD**  
**TALLAHASSEE, FL 32309**

**DO NOT WRITE  
IN THIS SPACE**

**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, 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**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**TITLE** PS  
**NAME** CAREY, SUSAN  
**STREET ADDRESS** 5875 BRADFORDVILLE RD  
**CITY-ST-ZIP** TALLAHASSEE, FL 32309

**TITLE** TD  
**NAME** CAREY, SUSAN  
**STREET ADDRESS** 5875 BRADFORDVILLE RD  
**CITY-ST-ZIP** TALLAHASSEE, FL 32309

**TITLE** STD  
**NAME** CAREY, SUSAN  
**STREET ADDRESS** 5875 BRADFORDVILLE RD  
**CITY-ST-ZIP** TALLAHASSEE, FL 32309

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**TITLE**  
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**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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01/19/06-80050-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Susan Carey, Pres* 1/13/06 850-893-9025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #