


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90030 022 \*\*\*150.00

<b>DOCUMENT # J90029</b> 1. Entity Name <b>GILBERT PROPANE, INC.</b>					
Principal Place of Business <b>1580 DETRICK AVE.</b> <b>DELAND, FL 32724 US</b>			Mailing Address <b>P.O. BOX 3310</b> <b>DELAND, FL 32723 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1580 Detrick Ave.</b>		3. Mailing Address <b>PO Box 3310</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Deland FL</b>		City & State <b>Deland FL</b>		4. FEI Number <b>59-2835979</b>	
Zip <b>32724</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32723</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GILBERT, FRANCES</b> <b>2735 S. SPRING GARDEN AVE.</b> <b>DELAND, FL 32720</b>				7. Name and Address of New Registered Agent Name <b>Drewy Gilbert</b> Street Address (P.O. Box Number is Not Acceptable) <b>2735 S Spring Garden Ave</b> City <b>Deland</b> <b>FL</b> Zip Code <b>32720</b>	
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 <u><i>Drewy Gilbert</i></u> <u><i>Drewy Gilbert owner</i></u> DATE <u><i>1-6-08</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD GILBERT, DREWY P.O. BOX 3310 N/A DELAND, FL 32723 <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	STD GILBERT, FRANCES P.O. BOX 3310 N/A DELAND, FL 32723 <input checked="" 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	
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	
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	
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	
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: <u><i>Drewy Gilbert</i></u> <u><i>Drewy Gilbert</i></u>			Date <u><i>1-6-08</i></u> Daytime Phone # <u><i>386-7387047</i></u>		