


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K27240</b> 1. Entity Name <b>L. A. GILKEY, INC.</b>																													
Principal Place of Business <b>3451 S. CROSSBILL LOOP INVERNESS FL 34450</b>			Mailing Address <b>3451 S. CROSSBILL LOOP INVERNESS FL 34450</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																											
4. FEI Number <b>59-2902332</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																										
6. Name and Address of Current Registered Agent  <b>GILKEY, LYNN A. 3451 S. CROSSBILL LOOP INVERNESS FL 34450</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating)      DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">DPTS</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GILKEY, LYNN A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3451 S. CROSSBILL LOOP</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>INVERNESS FL</td> <td></td> </tr> </table>			TITLE	DPTS	<input type="checkbox"/> Delete	NAME	GILKEY, LYNN A.		STREET ADDRESS	3451 S. CROSSBILL LOOP		CITY - ST - ZIP	INVERNESS FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>U00000334945</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>04/27/05-80065-016 150.00</td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	U00000334945		CITY - ST - ZIP	04/27/05-80065-016 150.00	
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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)(c), 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:** *L. A. Gilkey Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/05*      **352-637-1900**  
 Date      Daytime Phone #