


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90016 010 \*\*\*150.00

<b>DOCUMENT # M80088</b>				
1. Entity Name <b>GILBERT INVESTMENT CORPORATION</b>				
Principal Place of Business <b>3708 MUIRFIELD DR. TITUSVILLE FL 32780</b>		Mailing Address <b>3708 MUIRFIELD DR. TITUSVILLE FL 32780</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent <b>GILBERT, MATTHEW H. 4714 MAHAN CENTER BLVD <i>2878 MAHAN DR.</i> TALLAHASSEE FL 32308</b>				7. Name and Address of New Registered Agent
Name				Name
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)
City				City
State				State
Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				



MOORE CR2E034 (11/03)

4. FEI Number **59-2887930** Applied For  Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	DP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, M. HARVEY			NAME			
STREET ADDRESS	3708 MUIRFIELD DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	VICE PRES./SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, MATTHEW H.			NAME	<i>SAME</i>		
STREET ADDRESS	P. O. BOX <del>600 N/A</del>			STREET ADDRESS	<i>P.O. BOX 13296</i>		
CITY-ST-ZIP	TALLAHASSEE FL			CITY-ST-ZIP	<i>TALLAHASSEE, FLA. 32319</i>		
TITLE	DST	<input type="checkbox"/> Delete		TITLE	PRES./TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, DOROTHY J.			NAME			
STREET ADDRESS	3708 MUIRFIELD DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, MARY GILBERT			NAME			
STREET ADDRESS	<del>2469 S WASHINGTON AVE</del> <i>3206 HOPKINS AVE</i>			STREET ADDRESS	<i>3206 HOPKINS AVE. # 206</i>		
CITY-ST-ZIP	TITUSVILLE FL 32780			CITY-ST-ZIP	<i>SAME</i>		
TITLE	DP	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, MICHAEL H.			NAME			
STREET ADDRESS	915 WAIKIK DR			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32953			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 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:** Dorothy J. Gilbert *D. Gilbert* **JAN 23 2004** *MATTHEW*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-800-758-9920**  
Date Daytime Phone #