

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113035

FILED
Jul 02, 2004
Secretary of State

Entity Name: GABRIEL DEVELOPMENT, INC.

Current Principal Place of Business:

654 SQUIRE CIR., APT. B-204
NAPLES, FL 34104

New Principal Place of Business:

2962 S YUCCA STREET
CHANDLER, AZ 85248

Current Mailing Address:

654 SQUIRE CIR., APT. B-204
NAPLES, FL 34104

New Mailing Address:

2962 S YUCCA STREET
CHANDLER, AZ 85248

FEI Number: 59-3625820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, JEFFREY R.
868 106TH AVE. NORTH
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TUTTLE, JEFFREY
Address: 654 SQUIRE CIR., APT. B-204
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TUTTLE, JEFFREY
Address: 2962 S YUCCA STREET
City-St-Zip: CHANDLER, AZ 85248

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY R TUTTLE

D

07/02/2004

Electronic Signature of Signing Officer or Director

Date