
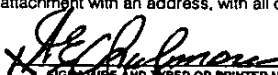


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90211 013 ***150.00

DOCUMENT # P01000097966		
1. Entity Name A.E. GILMORE II ENTERPRISES INC.		
Principal Place of Business 6615 SABINA RD. 2692 N.E. Hwy 70 SARASOTA, FL 34243 LOT#427 ARCADIA, FL 34266		Mailing Address 6615 SABINA RD. 2692 N.E. Hwy 70 LOT#427 20042000 SARASOTA, FL 34243 ARCADIA, FL. 34266
DO NOT WRITE IN THIS SPACE		
		01262005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-1143528
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GILMORE, ALLEN 2692 N.E. Hwy 70 Lot #427 6615 SABINA RD. SARASOTA, FL 34243 ARCADIA, FL 34266		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GILMORE, MARY ANN 6615 SABINA RD. 2692 N.E. Hwy 70 Lot #427 SARASOTA, FL 34243 ARCADIA, FL 34266	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS 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:  A.E. GILMORE (TAE3) 4-18-05 941 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		914-6306 Daytime Phone #