

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 14, 2005 8:00 am
Secretary of State**

04-14-2005 90105 024 ***150.00

DOCUMENT # P02000021096

1. Entity Name
IRWIN R. GILBERT, P.A.



Principal Place of Business
1555 PALM BEACH LAKES BLVD
920
WEST PALM BEACH, FL 33401

Mailing Address
1555 PALM BEACH LAKES BLVD
920
WEST PALM BEACH, FL 33401

2. Principal Place of Business
1601 BELVEDERE RD

Suite, Apt. #, etc.
SUITE 110E

3. Mailing Address
1601 BELVEDERE RD

Suite, Apt. #, etc.
SUITE 110E

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33406

Zip
33406

Country
USA

Country
USA



04112005 Chg-P CR2E034 (10/03)

4. FEI Number
71-0908014

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILBERT, IRWIN R
1555 PALM BEACH LAKES BLVD
SUITE 310
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
GILBERT, IRWIN R.

Street Address (P.O. Box Number is Not Acceptable)

1601 BELVEDERE RD

SUITE 110E

City
WEST PALM BEACH

FL
Zip Code
33406

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/05

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GILBERT, IRWIN R
1555 PALM BEACH LAKES BLVD, STE 310
WEST PALM BEACH, FL 33401

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GILBERT, IRWIN R
1601 BELVEDERE RD SUITE 110E
WEST PALM BEACH, FL 33406

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 561-684-1199
Date Daytime Phone #