


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000070187 1. Entity Name JUDITH D. GILMAN, INC.	
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Principal Place of Business 3900 MARRIOTT DRIVE STE J PANAMA CITY, FL 32411	Mailing Address P O BOX 28018 PANAMA CITY, FL 32411
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DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FCI Number 02-0676168	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 GILMAN, JUDITH D 3900 MARRIOTT DRIVE STE J PANAMA CITY, FL 32411
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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's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000133741 04/27/04-80101-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILMAN, JUDITH PO BOX 28018 PANAMA CITY, FL 32411
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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)(f), 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 *Judith Gilman* **Judith Gilman-President** **4/25/04 (850) 230-3029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #