

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2005 90104 029 ***150.00

DOCUMENT # P02000070187					
1. Entity Name JUDITH D. GILMAN, INC.					
Principal Place of Business ← (CHANGE) 3900 MARRIOTT DRIVE STE J PANAMA CITY, FL 32411		Mailing Address → (same) P O BOX 28018 PANAMA CITY, FL 32411			
2. Principal Place of Business 1817 Weakfish Way Suite, Apt. #, etc.		3. Mailing Address P.O. Box 28018 Suite, Apt. #, etc.			
City & State Panama City Beach, FL		City & State Panama City, FL		4. FEI Number 02-0676168	
Zip 32408		Country USA		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 (New address) PANAMA CITY, FL 32411			7. Name and Address of New Registered Agent Name: Gilman, Judith D. (same as before) Street Address (P.O. Box Number is Not Acceptable): 1817 Weakfish Way (P.O. Box 28018) City: Panama City, FL Zip Code: 32411		
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: <u>Judith D. Gilman - Judith D. Gilman</u> DATE: <u>4/12/05</u>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILMAN, JUDITH PO BOX 28018 PANAMA CITY, FL 32411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Judith D. Gilman - Judith D. Gilman</u> DATE: <u>4/12/05</u> DAYTIME PHONE: <u>(850) 814-4831</u>					