

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

04-21-2004 90071 018 ***150.00

DOCUMENT # P03000021641

1. Entity Name

GILBERT TOUR AND TRAVEL, INC.



Principal Place of Business
8604 30TH STREET EAST
PARRISH FL 34219

Mailing Address
8604 30TH STREET EAST
PARRISH FL 34219

66419588



MOORE CR2E034 (11/03)

2. Principal Place of Business

8604 30th St. East

Suite, Apt. #, etc.

3. Mailing Address

8604 30th St. East

Suite, Apt. #, etc.

City & State

Parrish

City & State

Florida

4. FEI Number

75-310234

Applied For

Not Applicable

Zip

34219

Country

Maratee

Zip

34219

Country

Maratee

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILBERT, BILLIE B
8604 30TH STREET EAST
PARRISH FL 34219

7. Name and Address of New Registered Agent

Name

Billie B. Gilbert

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

8604 30th St. East

City

Parrish

FL

Zip Code

34219

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

Billie B. Gilbert President

5/1/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME President
Billie B. Gilbert
STREET ADDRESS 8604 30th St. East
CITY-ST-ZIP Parrish, FL 34219

TITLE ☐ Delete

NAME Jeffrey Landon Gilbert
STREET ADDRESS 8604 30th St. East
CITY-ST-ZIP Parrish, FL 34219

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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: Billie Belinda Gilbert Billie Belinda Gilbert 4-17-04 941-776-3331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #