


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90263 013 ***150.00

DOCUMENT # P03000070094					
1. Entity Name SALLY A. GAMBREL P.A.					
Principal Place of Business 2283 PRIMROSE LANE #2106 CLEARWATER, FL 33763			Mailing Address 2283 PRIMROSE LANE #2106 CLEARWATER, FL 33763		
2. Principal Place of Business 2861 THAXTON DR.			3. Mailing Address SAME		
Suite, Apt. #, etc. UNIT 48			Suite, Apt. #, etc.		
City & State PALM HARBOR, FL			City & State		
Zip 34683		Country		Zip 34683	
Country		Country		4. FEI Number 45-0517779	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAMBREL, SALLY A 2283 PRIMROSE LANE #2106 CLEARWATER, FL 33763			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2861 THAXTON DR., UNIT 48 City PALM HARBOR FL Zip Code 34683		
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: <i>Sally A. Gambrel</i> 4/26/04 SALLY GAMBREL 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMBREL, SALLY A 2283 PRIMROSE LANE, #2106 CLEARWATER, FL 33763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2861 THAXTON DR., UNIT 48 PALM HARBOR, FL 34683	
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"/> Delete	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: <i>Sally A. Gambrel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			SALLY GAMBREL PRES. 4/26/04 727-776-1013 <small>Date Daytime Phone #</small>		