


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90271 033 \*\*\*150.00

<b>DOCUMENT # P03000070094</b>	
1. Entity Name <b>SALLY A. GAMBREL P.A.</b>	

Principal Place of Business <b>2861 THAXTON DR. UNIT 48 PALM HARBOR, FL 34683</b>	Mailing Address <b>2861 THAXTON DR. UNIT 48 PALM HARBOR, FL 34683</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

14010368  


01252005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>GAMBREL, SALLY A. 2861 THAXTON DR. UNIT 50 <del>48</del> ← CHANGE PALM HARBOR, FL 34683</b>		7. Name and Address of New Registered Agent Name <b>SALLY A. GAMBREL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2861 THAXTON DR., UNIT 48</b> City <b>PALM HARBOR</b> FL Zip Code <b>34683</b>	
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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 *Sally Gambrel* **SALLY GAMBREL**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) REG. AGENT  
DATE **4/10/05**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GAMBREL, SALLY A 2861 THAXTON DR., UNIT 48 PALM HARBOR, FL 34683</b> <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"/> 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: *Sally Gambrel* **SALLY GAMBREL**  
Signature, typed or printed name of signing officer or director. PRES.  
Date **4/10/05** Daytime Phone # **727-776-1013**