2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000070094

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

04-29-2005 90271 033 ***150.00

727-776-1013 Daysime Phone #

1. Entity Name SALLY A. GAMBREL P.A.											
Principal Place 2861 THAXTO UNIT 48 PALM HARBO	on dr.		Mailing Address 2861 THAXTON DR. UNIT 48 PALM HARBOR, FL 34683				14010368				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252005	Chg-P	CR2E0	34 (10/03)		
City & State			City & State			4. FEI Numb 45-051		·		plied For LApplicable	
Zip	Country		Zip Coun		try	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and	Address of Current F	legistered Agent			7. Name and	Address of Ne	w Registered /	\gent		
GAMBREL, SALLY A					Name SALLY A. GAMBREL Street Address (P.O. Box Number is Not Acceptable)						
2861 THA) -UNIT 59	KTON DR.	e CHA	NGE	GE Street Addre			er is Not Accept	(able)			
PALM HAP	RBOR, FL 346				2861	THAXT	ON D	R., U.	NIT	48	
						M HAR	BOR	FL	Zip Codi	284	
PALM HARBOR, FL 34683 2861 THAXTUN DR., UNIT 48 City PALM HARBOR FL Zip Code 85 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. SALLY GAMBREL											
SIGNATURE Signature, typograffurned name of foostered agent and size of applicable. (NOTE: Registered Agent signature required when reinstating) Out:											
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/CHANGES TO	OFFICERS AND	DIRECTORS	SIN 11	
TITLE NAME STREET ADDRESS	P GAMBREL, SA 2861 THAXTO	LLY A N DR., UNIT 48	☐ Delete	TITLI NAM STRI					☐ Change	Addition	
CITY-ST-ZIP	PALM HARBO	R, FL 34683		CITY	-ST-ZIP						
TIPLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete						Change	Addition	
TITLE NAME STREET ADDRESS	-		☐ Defete	TITL Nam Stri	F				Change	☐ Addition	
CITY-ST-ZIP					-ST-ZIP	·				-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 1					Change	☐ Addition	
TITLE NAME			☐ Delete	TITL NAM	E			·	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STR	EET ADDRESS '+ST+ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	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: SIGNATURE: 1. In the 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 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. SALLY 6 A MBA EL PAES. 4/10/05 727-776-1013											
SIGNATURE: Sally Almbrel PRES. 4/10/05 727-776-1013											