## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P03000103130

1. Entity Name

SIGNATURE:

GILBERT CONSTRUCTION, INC.



## FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90029 004 \*\*\*150.00

GILBERT CONSTRUCTION, INC.			1		
Principal Place of Business		Mailing Address			<del>م.ع</del> ـ
4800 HIGHWAY 11 DELEON SPRINGS FL 32130		4800 HIGHWAY 11 DELEON SPRINGS FL 32130		,	V & V PP 1 & & 1
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number Applied For
Zip Country		Zip Country			81-0634168   Not Applicable     5. Certificate of Status Desired   \$8.75 Additional
6 Name and Address of Court		Paristrond & court			Fee Required
6. Name and Address of Current Registered Agent  Name				Name	7. Name and Address of New Registered Agent
GILBERT, CRATON D 4800 HIGHWAY 11 DELEON SPRINGS FL 32130		<u>.</u>			P.O. Box Number is Not Acceptable)
			-		
		<u> </u>	City		FL Zip Code
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  Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
D. S. Andrewsky, A. on proceedings of the second		Clearly Sec. 19	· · · · · · · · · · · · · · · · · · ·	gern asgrature required	DATE.
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				,	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD		☐ Delete	TITLE		. Change Addition
l ,			NAME		
STREET ADDRESS 4800 HIGHWAY 11 CITY-ST-ZIP DELEON SPRINGS FL 32130		The state of the s		ADDRESS	
			CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			STREET A	1	
	the information supplied will	this filing does not avalify for "	<u> </u>		Nion 110 07/2Vil Elorida Stabitas I fadhas and fadhas a
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.					