

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90068 048 ***150.00

DOCUMENT # P03000103130

1. Entity Name

GILBERT CONSTRUCTION, INC.



Principal Place of Business

**4800 HIGHWAY 11
DELEON SPRINGS FL 32130**

Mailing Address

**4800 HIGHWAY 11
DELEON SPRINGS FL 32130**

2. Principal Place of Business

4800 Highway 11

Suite, Apt. #, etc.

Deleon Springs, FL

City & State

32130 USA

Zip

Country

3. Mailing Address

4800 Highway 11

Suite, Apt. #, etc.

Deleon Springs FL

City & State

32130 USA

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

81-0634168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILBERT, CRATON D
4800 HIGHWAY 11
DELEON SPRINGS FL 32130**

7. Name and Address of New Registered Agent

Name **CRATON D. Gilbert**

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

4800 Highway 11

Deleon Springs, FL 32130

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

CRATON D. Gilbert

CRATON D Gilbert PD

2/28/04

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, 2005 Fee Will Be \$550.00

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 **PD** ☐ Delete
NAME **GILBERT, CRATON D**
STREET ADDRESS **4800 HIGHWAY 11**
CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE **STD** ☐ Delete
NAME **GILBERT, CAROL T**
STREET ADDRESS **4800 HIGHWAY 11**
CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE **V** ☐ Delete
NAME **GILBERT, JON Z**
STREET ADDRESS **4800 HIGHWAY 11**
CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

CRATON D. Gilbert

CRATON D Gilbert PD

2/28/05 1386) 734-2471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #