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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000038174

1. Entity Name
THE CORAL GABLES TRUST COMPANY



Principal Place of Business: 255 ALHAMBRA CIR, CORAL GABLES, FL 33134

Mailing Address: 255 ALHAMBRA CIR, CORAL GABLES, FL 33134

2. Principal Place of Business: SUITE 333

3. Mailing Address: SUITE 333

City & State: City & State

Zip: Zip

03012003 Cng-P 032E004 (10/03)

4. FEI Number 03-0536838

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: DEAN C. KLEVAN, JR., 9505 S.W. 60TH AVENUE, MIAMI, FL 33156

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), 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: _____ DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 9, 2005 Fee will be \$350.00

6. Election Campaign Financing Total Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONAL/CHANGED OFFICERS AND DIRECTORS ONLY	
10A. TITLE: D	10B. NAME: BAILEY, R. KYLE	11A. TITLE: D	11B. NAME: Dean C. Klevan, Jr.
10C. STREET ADDRESS: 3225 S MACDILL AVE	10D. CITY-STATE-ZIP: TAMPA FL 33629	11C. STREET ADDRESS: 255 Alhambra Circle	11D. CITY-STATE-ZIP: Suite 333 Coral Gables, FL 33134
10A. TITLE: D	10B. NAME: BAILEY, RON K.	11A. TITLE: D	11B. NAME: [Blank]
10C. STREET ADDRESS: 837 BEDDON COVE WAY	10D. CITY-STATE-ZIP: TAMPA FL 33602	11C. STREET ADDRESS: 550 North Reo Street	11D. CITY-STATE-ZIP: Unit 330 Tampa, Florida 33609
10A. TITLE: D	10B. NAME: CHAMBERS, DAVID W.S.	11A. TITLE: D	11B. NAME: [Blank]
10C. STREET ADDRESS: 3 AVONDALE DR	10D. CITY-STATE-ZIP: NEWTON PA 18940	11C. STREET ADDRESS: [Blank]	11D. CITY-STATE-ZIP: [Blank]
10A. TITLE: D	10B. NAME: COLE, TODD G	11A. TITLE: D	11B. NAME: [Blank]
10C. STREET ADDRESS: 60 EDgewater DR, APT 14E	10D. CITY-STATE-ZIP: CORAL GABLES FL 33133	11C. STREET ADDRESS: [Blank]	11D. CITY-STATE-ZIP: [Blank]
10A. TITLE: D	10B. NAME: DAVIDSON, JAMES W	11A. TITLE: D	11B. NAME: [Blank]
10C. STREET ADDRESS: 4389 MITCHELL MANOR CIR	10D. CITY-STATE-ZIP: PINECREST FL 33158	11C. STREET ADDRESS: [Blank]	11D. CITY-STATE-ZIP: [Blank]
10A. TITLE: D	10B. NAME: FIELD, JANET L. (RIS)	11A. TITLE: D	11B. NAME: [Blank]
10C. STREET ADDRESS: 6080 W SUBURBAN DR	10D. CITY-STATE-ZIP: PINECREST FL 33158	11C. STREET ADDRESS: [Blank]	11D. CITY-STATE-ZIP: [Blank]

12. I hereby certify that the information supplied in this filing does not qualify for the exception stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this 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 for the purposes of this filing; and that I understand the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report, or on an attachment thereto, with all other like information.

SIGNATURE: *Dean C. Klevan, Jr.* Dean C. Klevan, Jr. Pres. & CEO 3/1/2005 786-497-1212

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