

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90041 005 \*\*\*150.00

**DOCUMENT # P04000073585**

1. Entity Name

GILBERT QUALITY PAINTING INC.



Principal Place of Business

3551 NW 17TH AVENUE  
OCALA FL 34475

Mailing Address

3551 NW 17TH AVENUE  
OCALA FL 34475



2. Principal Place of Business

13935 SW 16 AV  
Suite, Apt. #, etc.

3. Mailing Address

13935 SW 16 Avenue  
Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

86-1108045

Applied For

Not Applicable

Zip

34473

Country

Zip

34473

Country

MARION

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

GILBERT, MICHAEL  
3551 NW 17TH AVENUE  
OCALA FL 34475

13935 S.W. 16 AV  
OCALA, FL 34473

7. Name and Address of New Registered Agent

Name

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

13935 SW 16 AVENUE

City

OCALA

FL

Zip Code

34473

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

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 6, 2006**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, MICHAEL	
STREET ADDRESS	3551 NW 17TH AVENUE	
CITY - ST - ZIP	OCALA FL 34475	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILBERT, SANDRA J	
STREET ADDRESS	3551 NW 17TH AVENUE	
CITY - ST - ZIP	OCALA FL 34475	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13935 S.W. 16 AVENUE	
CITY - ST - ZIP	OCALA, FL 34473	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13935 S.W. 16 AVENUE	
CITY - ST - ZIP	OCALA, FL 34473	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Michael Gilbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Gilbert 8-8-06

Date

Daytime Phone #