

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2006 8:00 am
Secretary of State

08-07-2006 90040 005 ***150.00
09-05-2006 90025 005 ***400.00

DOCUMENT# P04000139463

1. Entity Name
CAROL F GABRIEL PA



Principal Place of Business
**4009 WHITE PINE LANE
ST AUGUSTINE, FL 32086**

Mailing Address
**4009 WHITE PINE LANE
ST AUGUSTINE, FL 32086**

DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1709684

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GABRIEL, CAROL F
4009 WHITE PINE LANE
ST AUGUSTINE, FL 32086**

**DO NOT WRITE
IN THIS SPACE**

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 re-statuting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
GABRIEL, CAROL F
4009 WHITE PINE LANE
ST AUGUSTINE, FL 32086**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Carol F. Gabriel P.A. **7-29-06** **904-797-6669**

W. H. O'CONNELL & ASSOCIATES PA

Certified Public Accountants

2200 N. Ponce De Leon Blvd. Suite 10

St. Augustine, FL 32084

Phone (904) 829-0082 Fax 904 829-5030 e-mail: tawwho1@bellsouth.net

ATTACHMENT

60038446

July 31, 2006


Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

RE: Carol F Gabriel PA, Doc. #P04000139463

Dear State Agent,

My client listed above received a notice of intent to dissolve her corporation. We properly prepared the 2006 annual report in time for her but she unfortunately misplaced the form not realizing the significance of filing on time. She just recently brought this to my attention. At this time we are asking that you abate the penalty for filing late. We have enclosed the report with payment. Should you have any questions, you may contact me at the above phone number.

Sincerely,



W. Henry O'Connell, CPA

Enclosures