
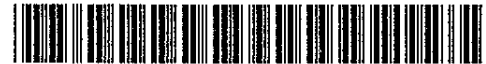


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000144779 1. Entity Name GILMORE RENTAL PROPERTIES, INC.	
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Principal Place of Business 15811 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413	Mailing Address 15811 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413
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02252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1787161	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURKE, MICHAEL S 221 MCKENZIE AVE PANAMA CITY, FL 32401
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**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 _____ (NOTE: Registered Agent signature required when reinstating) 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	D
NAME	BURKE, MICHAEL S
STREET ADDRESS	353 EAGLE DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	D
NAME	BURKE, SUZANNE G
STREET ADDRESS	353 EAGLE DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	D
NAME	SCHOPPE, EDMUND (TED) J IV
STREET ADDRESS	16255 EAST LULLWATER DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	D
NAME	SCHOPPE, TRACY G
STREET ADDRESS	16255 EAST LULLWATER DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/06-80002-003 150.00

**DO NOT WRITE
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:

TG Schoppe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/06

Date

850-734-6601

Daytime Phone #