

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144779

FILED
Apr 29, 2009
Secretary of State

Entity Name: GILMORE RENTAL PROPERTIES, INC.

Current Principal Place of Business:

15811 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

15811 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 20-1787161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, MICHAEL S
221 MCKENZIE AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURKE, MICHAEL S
Address: 353 EAGLE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: BURKE, SUZANNE G
Address: 353 EAGLE DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: SCHOPPE, EDMUND (TED) J IV
Address: 16255 EAST LULLWATER DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: SCHOPPE, TRACY G
Address: 16255 EAST LULLWATER DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY SCHOPPE

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date