


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90054 032 \*\*\*158.75

<b>DOCUMENT # P06000079117</b> 1. Entity Name <b>ST. GABRIEL'S BLUE, INC.</b>					
Principal Place of Business <b>3280C S. ATLANTIC AVE</b> <b>47</b> <b>DAYTONA BEACH, FL 32118</b>			Mailing Address <b>3280C S. ATLANTIC AVE</b> <b>47</b> <b>DAYTONA BEACH, FL 32118</b>		
2. Principal Place of Business - No P.O. Box # <b>801 MASON AV</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>DAYTONA BEACH</b>			
Suite, Apt. #, etc. City & State <b>DAYTONA BEACH</b>		Suite, Apt. #, etc. City & State <b>DAYTONA BEACH</b>		4. FEI Number <b>20-5108120</b>	
Zip <b>32117</b> Country <b>USA</b>		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICE &amp; ROSE, P.A.</b> <b>222 SEABREEZE BLVD.</b> <b>DAYTONA BEACH, FL 32118</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VILLANI, STEPHEN</b> <b>3280C S. ATLANTIC AVE.</b> <b>DAYTONA BEACH, FL 32118</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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			05 Jul 07 214.682.4000 Date Daytime Phone #		

40124400



07052007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

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

Name

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

City

FL

Zip Code

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 \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 Jul 07 214.682.4000  
Date Daytime Phone #