

2007 FOR PROFIT CORPORATION ANNUAL REPORT

3, **FILED**
Mar 28, 2007 8:00 am
Secretary of State

03-12-2007 90077 010 ***150.00

DOCUMENT # P06000128601 1. Entity Name GILBERT SUMMERVILLE, INC.																																																							
Principal Place of Business 6365 BAHIA DEL MAR BLVD. 401 ST. PETERSBURG, FL 33715			Mailing Address 6365 BAHIA DEL MAR BLVD. 401 ST. PETERSBURG, FL 33715																																																				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 48992 Suite, Apt. #, etc.																																																					
City & State City: _____ State: _____		City & State St. Petersburg, FL		4. FEI Number 20-5758407																																																			
Zip 33743		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent BROIDA & MCKINNEY, P.A. 605 75TH AVE ST. PETE BEACH, FL 33706				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 25%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>D SUMMERVILLE, GILBERT</td> <td>6365 BAHIA DEL MAR BLVD. 401</td> <td>ST. PETERSBURG, FL 33715</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 25%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>		D SUMMERVILLE, GILBERT	6365 BAHIA DEL MAR BLVD. 401	ST. PETERSBURG, FL 33715		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>																																																			
	D SUMMERVILLE, GILBERT	6365 BAHIA DEL MAR BLVD. 401	ST. PETERSBURG, FL 33715																																																				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																			
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: <i>Gilbert Summerville</i> GILBERT SUMMERVILLE 3-8-07 813-482-7299 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																							