
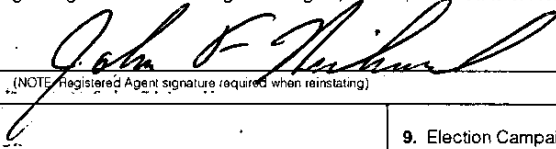


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90044 027 ***150.00

DOCUMENT # P93000040189 1. Entity Name GERBER INVESTMENTS, INC.					
Principal Place of Business P.O. BOX 1133 OSPREY FL 34229-1133			Mailing Address P.O. BOX 336 NOKOMIS FL 34274-0336		
2. Principal Place of Business 225 Greywing Court		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Venice, FL		City & State		4. FEI Number NO-T APPLICABLE	
Zip 34292		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLE, R. JOHN II 46 NORTH WASHINGTON BLVD. SUITE 12 SARASOTA FL 34236			7. Name and Address of New Registered Agent Name John F. Richmond Street Address (P.O. Box Number is Not Acceptable) 225 Greywing Court City Venice FL Zip Code 34292		
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 John F. Richmond  3-7-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHMOND, CAROL M 316 PENNSYLVANIA AVENUE OSPREY FL 34229		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 225 Greywing Court Venice, FL 34292	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERBER, ELDON P P.O. BOX 125 N/A KIDRON OH 44636		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUSSBAUM, DOLORES K 4406 KIDRON ROAD KIDRON OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carol M. Richmond, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-16-05 (941) 484-3616 <small>Date Daytime Phone #</small>		