


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000043256 1. Entity Name GENTRY COMPANY OF PALM BEACH COUNTY, INC.	
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Principal Place of Business C/O W.J. TREMBLAY P.A. 1801 S FEDERAL HIGHWAY STE 219 DELRAY BEACH FL 33483 US	Mailing Address C/O W.J. TREMBLEY, P.A. 1801 S FEDERAL HWY SUITE 219 DELRAY BEACH FL 33483 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	3. Mailing Address Suite, Apt #, etc. City & State Zip Country
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4. FEI Number 65-0506271	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TREMBLAY, W J 1801 S. FEDERAL HWY #219 DELRAY BEACH FL 33483	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, RORY	NAME	U00000247918
STREET ADDRESS	2432 B ROAD	STREET ADDRESS	03/02/05-80006-025 150.00
CITY - ST - ZIP	LOXAHATCHEE FL 33471	CITY - ST - ZIP	

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: *Rory Gentry* Date: 2/26/05 561-243-6355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #