


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000068809					
1. Entity Name GEMS ENTERPRISES OF HERNANDO COUNTY, INC.					
Principal Place of Business 5459 OAKRIDGER DRIVE HOMOSASSA FL 34446			Mailing Address 3 CALENDULA CT. W. HOMOSASSA FL 34446		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3522613	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BORGIO, PATRICIA F 3 CALENDULA CT. W. HOMOSASSA FL 34446				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 title if applicable (NOTE: Registered Agent signature required when reinstating)</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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGIO, PATRICIA F			NAME	
STREET ADDRESS	3 CALENDULA CT. W.			STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL 34446			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGIO, GREGORY P			NAME	
STREET ADDRESS	12971 KINGS DALE LANE			STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33414			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARUNDELL, ELAINE MARIE			NAME	
STREET ADDRESS	2834 MOSSY TIMBER TRAIL			STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL 33594			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGIO, RICHARD J			NAME	
STREET ADDRESS	3 CALENDULA CT. W.			STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL 34446			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC KIERNAN, STEPHANIE ANN			NAME	
STREET ADDRESS	12401 RUSTIC VIEW COURT			STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33635			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGIO, MICHAEL S			NAME	
STREET ADDRESS	13377 ASBURY ST.			STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL 34609			CITY - ST - ZIP	



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia F. Borgo PATRICIA F. BORGIO 4/25/05 352628-3608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #