

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90044 001 ***150.00

DOCUMENT # P98000101573

1. Entity Name

GAMBLE ANTIQUE MALL INC.



Principal Place of Business Mailing Address
327 RIDGEWOOD AVE. 327 RIDGEWOOD AVE
HOLLY HILL FL 32117 HOLLY HILL FL 32117

2. Principal Place of Business 3. Mailing Address
327 Ridgewood Ave. 327 Ridgewood Ave.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Holly Hill, FL 32117 Holly Hill, FL 32117

Zip Country Zip Country
32117 USA 32117 USA

4. FEI Number **59-3544244** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, ROBERT L
1102 STATE AVE.
HOLLY HILL FL 32117

Name **Robert L. Dixon**
Street Address (P.O. Box Number is Not Acceptable)
327 Ridgewood Ave.

City **Ormond Beach, FL** Zip Code **32117**

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 Robert L. Dixon President (Robert L. Dixon) 2-5-04
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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DIXON, ROBERT L**
STREET ADDRESS **517 CHERRYWOOD DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Robert L. Dixon President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04

386-258-2889

Date

Daytime Phone #