

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90126 018 ***150.00

DOCUMENT # P98000103583

1. Entity Name
CAROL GILBERT, INC.



Principal Place of Business

8169 SARATOGA DR.
 #1202
 NAPLES, FL 34113

Mailing Address

8169 SARATOGA DR.
 #1202
 NAPLES, FL 34113

40029151



2. Principal Place of Business

4795 NW 78th Ave

3. Mailing Address

4795 NW 78th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082005 Chg-P CR2E034 (10/03)

City & State
Ocala FL

City & State
Ocala FL

4. FEI Number
58-2305495

Applied For
 Not Applicable

34482 Country

34482 Country

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

6. Name and Address of Current Registered Agent

WOODWARD, MARK J
 801 LAUREL OAK DR
 STE 710
 NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name **DEBORAH JAYNES**
 Street Address **4795 NW 78th Ave**
 City **Ocala** FL **34482**

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 **Jaynes**

3/8/05

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JAYNES, DEBORAH S	
STREET ADDRESS	8169 SARATOGA DR. #1202	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAYNES, RICHARD G JR	
STREET ADDRESS	8169 SARATOGA DR. #1202	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4795 NW 78th Ave	
STREET ADDRESS	Ocala FL 34482	
CITY-ST-ZIP	Ocala FL 34482	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4795 NW 78th Ave	
STREET ADDRESS	Ocala FL 34482	
CITY-ST-ZIP	Ocala FL 34482	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **JAYNES**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05 352 6297132
 Date Daytime Phone #