

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90010 029 \*\*\*150.00

**DOCUMENT # P99000017112**

1. Entity Name

GILBERT'S HARDWARE & GENERAL STORE, INC.



Principal Place of Business

7777 NW HIGHWAY 225-A  
OCALA, FL 34482

Mailing Address

7777 NW HIGHWAY 225-A  
OCALA, FL 34482

50001363



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GILBERT, THOMAS N  
7777 NW HIGHWAY 225-A  
OCALA, FL 34482

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GILBERT, THOMAS N  
7777 NW HIGHWAY 225-A  
OCALA, FL 34482

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GILBERT, THOMAS C  
7777 NW HIGHWAY 225-A  
OCALA, FL 34482

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
GILBERT, PATRICIA A  
7777 NW HIGHWAY 225-A  
OCALA, FL 34482

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PATRICIA A. GILBERT

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-05 352-622-3031