

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90150 034 ***150.00

DOCUMENT # P99000034556 1. Entity Name VALERIE E. GABRIEL - REAL ESTATE SALES, INC.					
Principal Place of Business 5538 CARMENA PL SARASOTA, FL 34238				Mailing Address 5538 CARMENA PL SARASOTA, FL 34238	
2. Principal Place of Business <i>10651 Old Lakeland Hwy</i> Suite, Apt. #, etc.		3. Mailing Address <i>10651 Old Lakeland Hwy</i> Suite, Apt. #, etc.			
City & State <i>Dade City FL</i> Zip <i>33525</i>		City & State <i>Dade City</i> Zip <i>33525</i>		4. FEI Number 59-3567864	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GABRIEL, VALERIE 5538 CARMONA PLACE SARASOTA, FL 34238				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 <i>Valerie E. Gabriel</i> <i>President</i> DATE <i>4-22-05</i> <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		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SP GABRIEL, VALERIE E 5926 BERMUDA LANE NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GABRIEL, VALERIE E 5538 CARMONA PLACE SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President Valerie E. Gabriel 10651 Old Lakeland Hwy Dade City FL 33525</i>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <i>Valerie E. Gabriel</i> <i>President</i> <i>4-22-05</i> <i>567-3797</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Valerie E. Gabriel