

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V53847

1. Entity Name
GAMBILL ENTERPRISES, INC.



Principal Place of Business
3100 OWEN BELL LN
PENSACOLA, FL 32507 US

Mailing Address
3100 OWEN BELL LN
PENSACOLA, FL 32507 US



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3149135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAMBILL, CHARLES J.
3841 NOBLES STREET
PENSACOLA, FL 32514

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
P
GAMBILL, CHARLES J
3100 OWEN BELL LN
PENSACOLA, FL 32507

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
GAMBILL, GIRLLEAN R
3100 OWEN BELL LN
PENSACOLA, FL 32507

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SMITH, DONNA
5615 ST. ADAMNAN ST.
PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/23/04-80131-008 150.00

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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)(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:

Charles J. Gambill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

Date

850-492-4323

Daytime Phone #