2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2005 08:00 AM Secretary of State

| DOCUMENT # P0000001129 1. Entity Name GILL CONSULTING, INC. | | | | Secretary of Sta | |
|---|---|---|---|--|--|
| 1 ' | IMS WOOD DR. | Mailing Address 1313 WILLIAMS WOOD DR. PLANT CITY, FL 33565 | | | |
| DO NOT WRITE IN THIS SPA | | | CE | 02072005 No Chg-P CR2E034 (10/03) 4. FEI Number | |
| | 6. Name and Address of Current Reg | istered Agent | | · . | |
| GILL, LOUIE J JR 1313 WILLIAMS WOOD DR. PLANT CITY, FL 33565 | | | DO NOT WRITE IN THIS SPACE | | |
| | tions of registered agent. | | red office or register ed Agent signature required | ared agent, or both, in the State of Florida. I am familiar with, and accept | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | incing \$5. | 5.00 May Be ded to Fees | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND DIF PST GILL, LOUIE J JR 1313 WILLIAMS WOOD DRIVE PLANT CITY, FL 33565 | RECTORS | | U00000285310 04/02/05-80040-012 150.00 | |

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: _

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

Loure J. C. II Ja Cocco

31/05 8/3-459-047

DO NOT WRITE

IN THIS SPACE