


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 201206 1. Entity Name GILL HOTELS COMPANY	
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Principal Place of Business
1140 SEABREEZE BOULEVARD
FORT LAUDERDALE, FL 33316

Mailing Address
P.O. BOX 21277
FORT LAUDERDALE, FL 33335



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0799980	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

**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, 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	DCOO
NAME	GILL, GEORGE W JR
STREET ADDRESS	1140 SEABREEZE BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	DPT
NAME	GILL, LINDA L
STREET ADDRESS	1140 SEABREEZE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	DVS
NAME	GILL, MARY H
STREET ADDRESS	1140 SEABREEZE BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

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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**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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #