


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 033 ***150.00

DOCUMENT # 359232 1. Entity Name GIHLS PROPERTIES, INC.					
Principal Place of Business 11617 INNFIELDS DR ODESSA, FL 33556-6775 US			Mailing Address 11617 INNFIELDS DR ODESSA, FL 33556-6775 US		
2. Principal Place of Business - No P.O. Box # 8108 Old Hixon Rd		3. Mailing Address 8108 Old Hixon Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01042008 Chg-P CR2E034 (12/06)	
City & State Tampa FL		City & State Tampa FL		4. FEI Number 59-1324664	
Zip 33626		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANTON, MARK E 11617 INNFIELDS DR ODESSA, FL 33556-6775				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8108 Old Hixon Rd City Tampa State FL Zip Code 33626	
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 <u><i>Mark Blanton</i></u> DATE <u>4-3-08</u> <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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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	PSD BLANTON, MARK E 11617 INNFIELDS DRIVE, SUITE A ODESSA, FL 33556		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BLANTON, MARK E 8108 Old Hixon Road Tampa, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Mark Blanton</i></u> Mark Blanton			Date <u>4-3-08</u> Daytime Phone # <u>813 920-1031</u>		