


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 621710 1. Entity Name GIL-HU, INC.	
---	---

Principal Place of Business 609 EVERNIA STREET WEST PALM BEACH, FL 33401	Mailing Address 609 EVERNIA STREET WEST PALM BEACH, FL 33401
--	--

DO NOT WRITE IN THIS SPACE

**FILED**  
**Aug 22, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1922281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHEPPARD, R.J.  
609 EVERNIA ST  
WEST PALM BEACH, FL 33401

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 NO CHANGES (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000958199 08/22/08-80001-018 550.00
--	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPPARD R.J. 609 EVERNIA STREET W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SHEPPARD, R.J. 609 EVERNIA ST W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEPPARD, R.J. 609 EVERNIA ST. W.PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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: R.J. Sheppard R.J. SHEPPARD 7/31/08 635-6228 (561)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #