


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90182 049 ***150.00

DOCUMENT # F01000000288 1. Entity Name GILMAN + CIOCIA, INC.	
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Principal Place of Business 11 RAYMOND AVENUE POUGHKEEPSIE, NY 12603	Mailing Address 11 RAYMOND AVENUE POUGHKEEPSIE, NY 12603
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DO NOT WRITE IN THIS SPACE

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03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2587324	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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RYAN, MICHAEL P 11 RAYMOND AVENUE POUGHKEEPSIE, NY 12603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINKELSTEIN, TED H 11 RAYMOND AVENUE POUGHKEEPSIE, NY 12603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAVIS, KATHRYN 11 RAYMOND AVENUE POUGHKEEPSIE, NY 12603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exp Enisman, Carole 11 Raymond Ave Poughkeepsie, NY 12603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Dennis Conroy 11 Raymond Ave Poughkeepsie NY 12569
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 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:  4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #