

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000000288

1. Entity Name
GILMAN + CIOCIA, INC.



Principal Place of Business
11 RAYMOND AVENUE
POUGHKEEPSIE, NY 12603

Mailing Address
11 RAYMOND AVENUE
POUGHKEEPSIE, NY 12603



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2587324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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	EV ENISMAN, CAROLE 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	CFO CONROY, DENNIS 11 RAYMOND AVENUE POUGHKEEPSIE, NY 12603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80037-016-150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 845-485-3338
Date Daytime Phone #