

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90336 041 ***150.00

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1. Entity Name

GILL ABSTRACT CORPORATION



Principal Place of Business

738 BAYSHORE DRIVE
TARPON SPRINGS FL 34689

Mailing Address

738 BAYSHORE DRIVE
TARPON SPRINGS FL 34689



2. Principal Place of Business

738 Bayshore Dr.

Suite, Apt. #, etc.

1

City & State

Tarpon Springs FL

Zip

34689

Country

Pinellas

3. Mailing Address

738 Bayshore Drive

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

Zip

34689

Country

Pinellas

1st MOORE

CR2E034 (10/05)

4. FEI Number

14-1663159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILL, NAN
738 BAYSHORE DRIVE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

GILL, NAN

Street Address (P.O. Box Number is Not Acceptable)

738 BAYSHORE DRIVE

City

TARPON SPRINGS FL

Zip Code

34689

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTC ☐ Delete
NAME GILL, NAN MIA
STREET ADDRESS 738 BAYSHORE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ Delete
NAME GILL, NAN MIA
STREET ADDRESS 738 BAYSHORE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

3/30/06

Date

727 9442749

Daytime Phone #