2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State
03-28-2007 90004 031 ***150.00

DOCUMENT # F42675

1. Entity Name
GILLILAND-OBERLIN, INC.

Principal Place of Business	Mailing Address
2158 SYLVAN LEA DRIVE SARASOTA, FL 34240	2158 SYLVAN LEA DRIVE SARASOTA, FL 34240

03022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7525 TRiLLium Blvd	7525 TRiLLium Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA Florida	City & State: SARASOTA Florida
Zip: 34241 Country: USA	Zip: 34241 Country: USA

4. FEI Number: 59-2131101 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GILLILAND, RICHARD K
2158 SYLVAN LEA DRIVE
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name: SAme
Street Address (P.O. Box Number is Not Acceptable): 7525 TRILLIUM BLV.
City: Sarasota FL Zip Code: 34241

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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GILLILAND, RICHARD K 2158 SYLVAN LEA DRIVE SARASOTA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 3/22/07 941-809-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #