2006 FOR PROFIT_CORPORATION ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DOCUMENT # F64525 **Secretary of State** 1. Entity Name JOHN W. GILMAN REALTY, INC. Principal Place of Business Maikna Address 1731 JOHN ARTHUR WAY P.O. BOX 2306 LAKELAND FL 33803 1731 JOHN ARTHUR WAY P.O. BOX 2306 LAKELAND FL 33803 2. Principal Place of Business 3. Maining Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2157866 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILMAN, JOHN W Street Address (P.O. Box Number is Not Acceptable) 1731 JOHN ARTHUR WAY LAKELAND FL 33803 City Zip Code 3. 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 eccept the obligations of registered agent. SIGNATURE. Signature, typera is prated tieree of registered agent and tide if applicable (NOTE: Registered Agent seminar remained when reinstablish) QAIF FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIHECTURS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST 11717 Detete Diff ☐ Change Additi NAME GILMAN, JOHN W MAME STREET ADDRESS 1731 JOHN ARTHUR WAY STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 00000 CITY-ST-ZIP THE Defete TITLE Change Addin. U00000465077 MANG HAME 03/22/06-80020-023 150.00 STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP THEE Delete DILL ∏ Artan □ Change NAME NAME STREE! ADDRESS STREET AUDRESS C15Y - ST - 25P CITY-ST-ZIP TITLE Delete HILE ☐ Change 日極ご NAME MANTE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP ☐ Delete TITLE TITLE ☐ Change D Addition MAME MAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 1671£ ☐ Delete □ Adam TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 direction 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 1

March 7,06

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED