

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90072 048 ***150.00

DOCUMENT # G49731 1. Entity Name GILSON INVESTMENTS, INC.			
Principal Place of Business 6701 S.W. 120 ST. 6701 SW 120TH STREET MIAMI FL 33156 US		Mailing Address 6701 S.W. 120 ST. 6701 SW 120TH STREET MIAMI FL 33156 US	
2. Principal Place of Business 6701 S.W. 120 ST.		3. Mailing Address 6701 S.W. 120 ST.	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33156		Zip 33156	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-2303137		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILSON, GLEN W., II 6701 SW 120TH STREET MIAMI FL 33156		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILSON, GLEN W., II 6701 SW 120TH ST. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILSON, EDITH ANN 6701 S W 120TH ST MIAMI, FL 00000 FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARR, JEFFREY H 6701 S.W. 120 ST. MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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: <i>Glen W. Gilson, II</i>		GLEN W. GILSON, II	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-26-04 Daytime Phone # 305-661-0180	