

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90229 008 ***150.00

DOCUMENT # G91775

1. Entity Name
GILLIN & GILLIN, P.A.



Principal Place of Business
**47 W. NEW HAVEN AVE., STE. 102
MELBOURNE, FL 32901**

Mailing Address
**47 W. NEW HAVEN AVE., STE. 102
MELBOURNE, FL 32901**



2. Principal Place of Business
**780 S. Apollo Boulevard
Suite, Apt. #, etc.
#102**

3. Mailing Address
**780 S. Apollo Boulevard
Suite, Apt. #, etc.
#102**

04212006 Chg-P CR2E034 (11/05)

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
59-2379361

Applied For
☐ Not Applicable

Zip
32901

Country
Brevard

Zip
32901

Country
Brevard

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

6. Name and Address of Current Registered Agent

**GILLIN, JOSEPH S. JR.
47 W. NEW HAVEN AVE., STE. 102
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
780 S. Apollo Boulevard, #102
City **Melbourne,** FL Zip Code **32901**

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 *Joseph S. Gillin Jr.* DATE **4/20/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **GILLIN, JOSEPH S. JR.**
STREET ADDRESS **47 W. NEW HAVEN AVE., STE. 102**
CITY-ST-ZIP **MELBOURNE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 PD ☒ Change ☐ Addition
NAME **GILLIN, JOSEPH S. JR.**
STREET ADDRESS **780 S. Apollo Boulevard, #102**
CITY-ST-ZIP **Melbourne, FL 32901**

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

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

TITLE ☐ Change ☐ Addition
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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 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: *Joseph S. Gillin Jr.* DATE **4/20/06** 721 729 1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #