


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State


05-03-2007 90035 046 ***150.00

DOCUMENT # G91775		
1. Entity Name GILLIN & GILLIN, P.A.		

Principal Place of Business 700 S APOLLO BLVD #102 MELBOURNE, FL 32901	Mailing Address 700 S APOLLO BLVD #102 MELBOURNE, FL 32901
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2. Principal Place of Business - No P.O. Box # 780 S. Apollo Blvd.	3. Mailing Address 780 S. Apollo Blvd.
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State Melbourne, FL	City & State Melbourne, FL
Zip 32901	Country Brevard

40102000

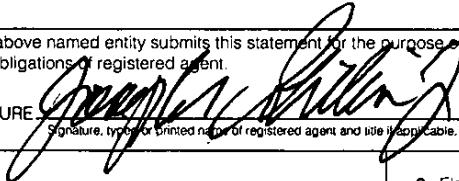


04202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2379361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILLIN, JOSEPH S. JR. 780 S APOLLO BLVD #102 MELBOURNE, FL 32901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

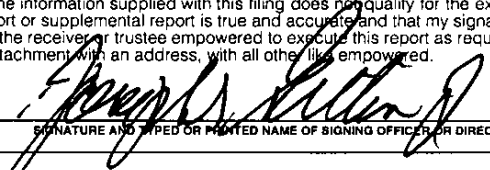
SIGNATURE:  DATE: 4/30/07

Signature, type 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GILLIN, JOSEPH S. JR. 780 S APOLLO BLVD #102 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  04/30/07 (321) 729-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

G91775

Business Entity Name

GILLIN & GILLIN, P.A.

FEI Number

592379361

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

~~700 S APOLLO BLVD~~ 780 S. APOLLO BLVD

Suite, Apt. #, etc.

#102

City, State

MELBOURNE

FL

Zip Code & Country

32901

Mailing Address

Address

~~700 S APOLLO BLVD~~ 780 S. APOLLO BLVD

Suite, Apt. #, etc.

#102

City, State

MELBOURNE

FL

Zip Code & Country

32901

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

GILLIN, JOSEPH S. JR.

Address (PO Box is not acceptable)

780 S APOLLO BLVD #102

Suite, Apt. #, etc.

City, State

MELBOURNE

FL

Zip Code & Country

32901

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

40102630

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registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

GILLIN, JOSEPH S. JR.

Street Address

780 S APOLLO BLVD #102

City, State

MELBOURNE

FL

Zip Code & Country

32901

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

40102630

691775

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature

Joseph S. Gillin, Jr.

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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