


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90034 038 ***150.00

DOCUMENT # H70804 1. Entity Name GIELOW, INC.	
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Principal Place of Business 640 GILLESPIE ST. 2840 Avenue ENGLEWOOD, FL 34223 of the Americas Englewood, FL 34224	Mailing Address 2840 Avenue 640 GILLESPIE ST. of the Americas Englewood, FL 34224
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40015713



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2566625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 GIELOW, CLIFFORD C
 640 GILLISPIE ST.
 ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIELOW, CLIFFORD C 640 GILLESPIE STREET ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE

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 an other like empowered.

SIGNATURE: Clifford C. Gielow 2/2/05 941/475/281
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #