


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # H70804 1. Entity Name GIELOW, INC.	
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Principal Place of Business 2840 AVENUE OF THE AMERICAS ENGLEWOOD, FL 34224	Mailing Address 2840 AVENUE OF THE AMERICAS ENGLEWOOD, FL 34224
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02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2566625	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

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, 2006 Fee will be \$550.00**

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

100000429004  
 02/21/06-80070-016 150.00

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 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: Clifford C. Gielow 2/8/06  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #