


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90003 037 \*\*\*150.00

<b>DOCUMENT # H92138</b> 1. Entity Name GILLCO OF CHARLOTTE COUNTY, INC.	
--	---

Principal Place of Business 900 TAMAIMI TRAIL PORT CHARLOTTE, FL 33954 US	Mailing Address 900 TAMAIMI TRAIL PORT CHARLOTTE, FL 33954 US
---	---

**54055364**



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2624662	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  OAKS, DAVID K. 252 WEST MARION AVENUE PUNTA GORDA, FL 33950
--

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	PD GILL SR., ROBERT RONALD 2152 MISTLETO LANE 33650 BERMONT RD NORTH PORT, FL 34286 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILL, DIANE E 2152 MISTLETO LANE 33650 BERMONT RD NORTH PORT, FL 34286 PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: Diane E Gill DIANE E GILL 5/2/04 941-627-2236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #