


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90088 044 ***150.00

DOCUMENT # J89354 1. Entity Name G.I.L. INDUSTRIES, INC.	
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Principal Place of Business 3060 S HWY 95A CANTONMENT, FL 32533 US	Mailing Address PO BOX 490 GONZALEZ, FL 32560 US
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DO NOT WRITE IN THIS SPACE

40033231



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2789606	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 SHIVER, FREDDIE R. SHIVER, BARRY M. 8560 JERNIGAN ROAD PENSACOLA, FL 32514	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHIVER, FREDDIE R. 8560 JERNIGAN RD. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHIVER, BARRY M. 1320 MCKENZIE RD. CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIVER, GREGORY M 1324 MCKENZIE RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHIVER, CRAIG J 11677 WAKEFIELD PENSACOLA, FL 32514
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 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: <u>GREGORY M. SHIVER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2-28-7</u> <small>Date</small>	<u>850-479-3400</u> <small>Daytime Phone #</small>
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