


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90035 007 ***150.00

DOCUMENT # J99256
 1. Entity Name
DENNIS GIL, P.A.



Principal Place of Business Mailing Address
515 CLIFF DR. **515 CLIFF DR.**
TEMPLE TERRACE, FL 33617 **TEMPLE TERRACE, FL 33617**

44000004



2. Principal Place of Business 3. Mailing Address
15504 Thonwhunst Ct. **15504 Thonwhunst Ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

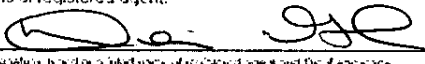
City & State FL City & State FL
TAMPA **TAMPA**
 Zip Country Zip Country
33647 **US** **33647** **US**

4. FEI Number 59-2857066
 Applied For Not Applicable
 5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIL, DENNIS
515 CLIFF DR.
TEMPLE TERRACE, FL 33617

7. Name and Address of New Registered Agent
 Name: **DENNIS GIL**
 Street Address (P.O. Box Number is Not Acceptable)
15504 Thonwhunst Ct.
 City: **TAMPA** FL Zip Code: **33647**

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:  1/20/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPS GIL, DENNIS 515 CLIFF DR. TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T GIL, DENNIS 515 CLIFF DR TEMPLE TERR. FL 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPS GIL, DENNIS 15504 Thonwhunst Ct TAMPA, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T GIL, DENNIS 15504 Thonwhunst Ct TAMPA, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-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 exemption stated in Section 119.07(3)(f), 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 a" other like empowered.

SIGNATURE:  DENNIS GIL President 1/20/04

813-977-5959