

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

PAID 4/1/05 FILED  
CK Apr 06 2005 08:00 AM  
Secretary of State  
\$ 150.00

DOCUMENT # K45416  
1. Entity Name  
GILG PROSTHETICS, INCORPORATED



Principal Place of Business  
87 W. HOOD DRIVE  
PENSACOLA, FL 32534 US

Mailing Address  
87 W. HOOD DRIVE  
PENSACOLA, FL 32534 US



**DO NOT WRITE IN THIS SPACE**

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2916779

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GILG, KEVIN J.  
154 DANVILLE STREET  
CANTONMENT, FL 32533

**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 \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

UN0000290008  
04/06/05-80047-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT GILG, KEVIN J. 154 DANVILLE STREET CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Kevin J. Gilg 1/16/05 (850) 474-2414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #