2004 FOR PROFIT CORPORATION

	ANNUAL	REPORT (A	<b>H</b>		rided	
DÔCU 1. Entity Nan	MENT # L12959				Feb 02, 2004 08:00 AM Secretary of State	
GILCO, II	NC.					
Principal Plac	ce of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·		
15 PADDINGTON COURT NAPLES FL 34104 US		PO BOX 770625 NAPLES FL 34107- US	NAPLES FL 34107-0625		\$ \$22000000 2000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 10	<b>18.8</b> 1
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number 65-0142662 Applied Not App	siicable
Zip Country		Zγp	Zip Country		5. Certificate of Status Desired	
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent	
011	ADIDO 144504			Name		
720	APIRO, MARC L ) GOODLETTE ROAD, SUI PLES FL 34102	TE 304	304 Street Address		(P.O. Box Number is Not Acceptable)	
	•			City	E; Zip Code	·
9 The phone	a named author or browle this statement	** double a series of the series		1		
the obliga	e named entity submits this statemer thons of registered agent.	it for the purpose of changing	sits register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and a	rccept
CICKIATION						
SIGNATURE	Signature typed or printed name of registered as	gent and title if applicable.	NOTE, Registere	ed Agent signature require	ed when reinstating} DATE	_
F	FILE NOW!!! FEE IS \$150.00					
	er May 1, 2004 Fee will be \$550.0				9. Election Campaign Financing \$5.00 Ma  Trust Fund Contribution Added to Fe	ıy Be ess
<u> </u>	k Payable to Florida Departmen					
10.	OFFICERS A	ND DIRECTORS	11. III.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
NAME	COURET, GILBERT	☐ Deleta	NAN NAN	1	000000025882	Addition
STREET ADDRESS			STR	eet address		
CITY-ST-ZIP	NAPLES FL 34104		Cit	7-ST-28P	****	
TITLE NAME		☐ Delete	TITE NAA	}	☐ Change ☐ /	Addition
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TITLE		☐ Delete	RIL		Change /	Addition
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CITY-ST-ZIP				(-ST-ZIP		
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NAME			nan	tΣ		
STREET ADDRESS GITY-ST-ZIP				EET ADDRESS		
TIBLE		55		7-ST-28P		. 1 11.1
NAME		☐ Delete	TITE NAM	· {	Change /	Addition
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TALE		☐ Delete	TATL	- ,	☐ Change ☐ #	Addition
NAME STREET ADDRESS			NAM STR	EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
12. I hereby	certify that the information supplied	with this filing does not qualif	y for the exe	emption stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information	ation
of the co	rporation or the receiver or trustee er	mpowered to execute this re	iet my signa Jort as requ	kure snall have the ired by Chapter 60	Section 119.07(3)(i). Florida Statutes. I further certify that the information as ame legal effect as if made under oath, that I am an officer or direct. Florida Statutes; and that my name appears in Block 10 or Block	ector :
Grangeu	) or on an attachmen with an address	se with an other like embowe	rea.	_	1-20.04 (750) 825.242.	
		الأحسا ليمداليا	( \ \ \ / \   7		ファスクス・カゼ コノベジングフモ・ブルンフ・エ	

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

EII ED

1-30-04 (Z59) 825-3434