## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000017491

GILA ENTERPRISES, INC.



May 04, 2007 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

1105 E. STREET N.W. ARDMORE, OK 73401 1105 E. STREET N.W. ARDMORE, OK 73401



CR2E034 (11/05)

Fee Required

DO NOT WRITE IN THIS SPACE

04252007	007 No Chg-P		CR2E034 (11/05)		
4. FEI Number			Applied For		
58-2522943			Not Applicable		
5. Certificate of	of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

ARNO, ANDREW P 1601 AIRPORT BLVD SUITE 2 MELBOURNE, FL 32901

of the corporation or the receiver or trustee empowerer changed, or on an attachment with an address, with all

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

No Chg-P

the obligat	ions of egistered agent.  Signatula, typed or printed name of registered agent and bite	d applicable. (NOTE Registered	Agent signatur	required when reinstating)	5-1-07 DATE	
	E NOWIII FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILA, BRENDAN P 1105 E STREET NW ARDMORE, OK 73401				U00000761378 05/25/07-80054-004 150.0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILA, BETTY J 1105 E STREET NW ARDMORE, OK 73401					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· .			!		
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 repeiver 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						

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