## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000047776

Address:

City-St-Zip:

9811 SALTWATER CREEK CT

LAKE WORTH, FL 33467

Entity Name: GILLETTE SERVICES, INC.

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9811 SALTWATER CREEK CT. LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 9811 SALTWATER CREEK CT. LAKE WORTH, FL 33467 FEI Number: 65-1108137 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, BEVERLY 9811 SALTWATER CREEK CT LAKE WORTH, FL 33467 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ANDERSON, BEVERLY Name: Name: 9811 SALTWATER CREEK CT Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: WALKER, LORRAINE Name: WALKER, LORRAINE 4635 EMERALD VISTA, APT. 130 2773 10TH AVE. NORTH APT.204 Address: Address: PALM SPRINGS, FL 33461 LAKE WORTH, FL 33461 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: ( ) Change ( ) Addition GILLETTE, WAYNE Name: Name: 7 VIA DE CASA NORTE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ANDERSON, BEVERLY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BEVERLY ANDERSON P 04/26/2006