


2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2010 JUN 14 P 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000053022
1. Entity Name
GIU-WILL ENTERPRISES INC.



Principal Place of Business Mailing Address
2447 S THIRD ST 2447 S THIRD ST
JACKSONVILLE, FL 32250 JACKSONVILLE, FL 32250

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
450 STATE ROAD 13N **450 STATE ROAD 13N**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste # 42P **Ste # 42P**
City & State City & State
ST. JOHNS, FL **ST. JOHNS, FL**
Zip Country Zip Country
32259 **USA** **32259** **USA**



05122010 Chg-P CR2E034 (11/08)

6. Name and Address of Current Registered Agent
HOFFMANN, WILLIAM E JR
536 CARAWAY CT
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: *W. E. Hoffmann* Date: **6/14/10** (PLA)

FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	HOFFMANN, WILLIAM E JR	
STREET ADDRESS	536 CARAWAY CT	
CITY- ST- ZIP	JACKSONVILLE, FL 32259	
TITLE	Director	<input type="checkbox"/> Delete
NAME	ROBERT A. HOFFMANN	
STREET ADDRESS	1424 West Sapphire Drive	
CITY- ST- ZIP	Hoffman Estates, IL 60192 USA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300180884993	
CITY- ST- ZIP	05/14/10--01012--007 **158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *W. E. Hoffmann* Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR