

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053022

Entity Name: GIU-WILL ENTERPRISES INC.

FILED  
Feb 10, 2011  
Secretary of State

**Current Principal Place of Business:**

450 STATE ROAD 13N  
SUITE 428  
ST JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

450 STATE ROAD 13N  
SUITE 428  
ST JOHNS, FL 32259

**New Mailing Address:**

FEI Number: 01-0694176      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMANN, WILLIAM E JR  
536 CARAWAY CT  
JACKSONVILLE, FL 32259      US

**Name and Address of New Registered Agent:**

HOFFMANN, WILLIAM E JR  
450 STATE ROAD 13N  
SUITE 428  
ST JOHNS, FL 32259      US

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

02/10/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: HOFFMANN, WILLIAM E JR  
Address: 450 STATE ROAD 13N, SUITE # 428  
City-St-Zip: ST JOHNS, FL 32259

Title: D  
Name: HOFFMANN, ROBERT A  
Address: 1424 WEST SHAPPHIRE DRIVE  
City-St-Zip: HOFFMAN ESTES, IL 60192

Title: D  
Name: LOY, BILL  
Address: 450 STATE ROAD 13N, SUITE # 428  
City-St-Zip: ST JOHNS, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E. HOFFMANN JR. \_\_\_\_\_

Electronic Signature of Signing Officer or Director

DPST

02/10/2011

\_\_\_\_\_  
Date