2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018943

Entity Name: PATRICIA G. GILL. INC.

JACKSONVILLE, FL 32246 US

City-St-Zip:

FILED May 01, 2006 Secretary of State

Entity Nai	me: PATRICIAG.	GILL, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ACH BLVD LOT 44 VILLE, FL 32246	1 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ACH BLVD LOT 44 VILLE, FL 32246	1 US			
FEI Number:	: 20-0646029 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curr	ent Registered Agent:	Name and Address o	f New Registered Agent:	
	RICIA G ACH BLVD LOT 44 VILLE, FL 32246	1 US			
	named entity subre of Florida.	mits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic S	ignature of Registered Age	ent	Date	
		b), F.S., the corporation did no est Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele GILL, PATRICIA G 10960 BEACH BLVI JACKSONVILLE, FL	D. LOT 441	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () Dek GILL, ROBERT 10960 BEACH BLVI		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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.

SIGNATURE: PATRICIA GILL P 05/01/2006