


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED

May 10, 2007 08:00 AM
Secretary of State
Website Down!

DOCUMENT # P04000041327 1. Entity Name GORILLA INVESTMENTS INC.	
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Principal Place of Business 6809 SR 70 EAST BRADENTON, FL 34203	Mailing Address 6809 SR 70 EAST BRADENTON, FL 34203
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DO NOT WRITE IN THIS SPACE


04302007 No Chg-P CR2E034 (11/05)
4. FEI Number
84-1639533
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROBERT, WIEDEMAN
6124 CYPRESS CIR.
BRADENTON, FL, FL 34202**

**DO NOT WRITE
IN THIS SPACE**

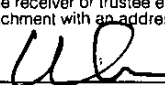
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000764493 05/30/07-80064-009 500.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEDEMAN, ROBERT L 6124 CYPRESS CIR. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKENDREE, LEANNE 6124 CYPRESS CIR. BRADENTON, FL 34202
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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:  **4-30-07 944 753 1137**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #