



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

04-20-2007 90071 017 ***150.00

DOCUMENT # P05000156300 1. Entity Name J. T. GILES, INC.																																					
Principal Place of Business 12342 US HIGHWAY 301 PARRISH, FL 34219			Mailing Address 2510 5TH COURT EAST ELLENTON, FL 34222																																		
2. Principal Place of Business - No P.O. Box # Same <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3711 35th Ave. E. <small>Suite, Apt. #, etc.</small>																																			
City & State Palmetto FL		4. FEI Number 20-3846052		Applied For <input type="checkbox"/> Not Applicable																																	
Zip 34221		Country Manatee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent GILES, TERESA 2510 5TH COURT EAST ELLENTON, FL 34222				7. Name and Address of New Registered Agent Name Teresa Giles Street Address (P.O. Box Number is Not Acceptable) 3711 35th Ave E. City & State Palmetto FL Zip Code 34221																																	
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 <u><i>Teresa Giles Pres.</i></u> DATE <u>1/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width:70%; padding: 2px;"> PST <input type="checkbox"/> Delete GILES, TERESA 2510 5TH COURT EAST ELLENTON, FL 34222 </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST <input type="checkbox"/> Delete GILES, TERESA 2510 5TH COURT EAST ELLENTON, FL 34222															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width:70%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Teresa Giles 3711 35th Ave E. Palmetto, FL 34221 </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Teresa Giles 3711 35th Ave E. Palmetto, FL 34221														
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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: <u><i>Teresa Giles Pres.</i></u> DATE <u>1/24/07</u> DAYTIME PHONE # <u>941-725-4071</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					