

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P13167**

1. Entity Name  
**GILCO SPRING OF FLORIDA, INC.**



**FILED  
Mar 17, 2008 8:00 am  
Secretary of State**

03-17-2008 90005 024 \*\*\*150.00

Principal Place of Business <b>16000 COMMON ROSEVILLE, MI 48066 US</b>	Mailing Address <b>3991 TAMPA RD OLDSMAR, FL 34677 US</b>
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2. Principal Place of Business - No P.O. Box # <b>3991 Tampa Road</b>	3. Mailing Address  Suite, Apt. #, etc.
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City & State <b>Oldsmar, FL</b>	City & State	
Zip <b>34677</b>	Country <b>US</b>	Zip <b>34677</b>

6. Name and Address of Current Registered Agent  GILLUM, PARTICK 100 ALICE ANN DRIVE OLDSMAR, FL 34677		
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01042008 Chg-P CR2E034 (12/06)

4. FEI Number <b>38-1648965</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>3991 Tampa Road</b>  City <b>Oldsmar</b> FL Zip Code <b>34677</b>		
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GILLUM, PATRICK 3991 TAMPA ROAD OLDSMAR, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** / **Patrick Gillum**

3/14/08 813-855-4631

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR