

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90319 001 ***300.00

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03152007 Chg-P CR2E034 (12/06)

DOCUMENT # P93000053460 1. Entity Name GILLES & SONS INC.					
Principal Place of Business 1064 GAYER WAY MARCO ISLAND, FL 34145 US			Mailing Address 1061 GAYER WAY MARCO ISLAND MARCO ISLAND, FL 34145 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FCI Number 59-5299874	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applied	
6. Name and Address of Current Registered Agent GOBEIL, GILLES G 1064 GAYER WAY MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Accepted) City FL Zip Code		
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 qualifications of registered agent.					
SIGNATURE _____ Agent, Director, Officer or other duly authorized person					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 11)		
TITLE NAME STREET ADDRESS CITY ST ZIP	P GOBEIL, GILLES G 1064 GAYER WAY MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	T GOBEIL, FRANCIS P 2023 RIVER BEACH DR #343 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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 supplementary 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 a letter "E" empowered.					
SIGNATURE: <u><i>Carla Gobeil</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-03-07		