## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P9400013587  1. Entity Name GILL INDUSTRIES, INC.						04-15-2005 9	90107 002	2 ***150	0.00	
Principal Plac 445 S VOLUS ORANGE CITY	SIA AVE	Mailing Address 445 S VOLUSIA AVE ORANGE CITY, FL 32763			)   1   1   1   1   1   1   1   1   1   1		03454	19 		
2. Principal Place of Business 3. Mailing Address 1305 Tiger Boulevard 2934 Cimmaron			Tama							
Suite, Apt.		Suite, Apt. #, etc.			04012005	Chg-P	CR2E03	4 (10/03)		
City & State	e on, South Carolin	City & State			4. FEI Numb 59-322			) <del> </del> -	plied For t Applicable	
29 <sup>6</sup> 33.				SA		of Status Desired		8.75 Add	itional	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent						
GILL, DARSHAN 445 S VOLUSIA AVE ORANGE CITY, FL 32763				Donald B. Dempsey, C.P.A.  Street Address (P.O. Box Number is Not Acceptable)  451 East Graves Avenue						
				Ora	nge Ci		FL	Zip Code 3276		
8. The above named entity subtitis 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 policiations of registered agent.										
Signature: yped or prifted name of registered Agent and late if applicable. (NOTE: Registered Agent signature required when renstating)  DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		<b>\$5.</b> Add	.00 May Be ed to Fees					
10. OFFICERS AND DIRECTORS 11.			11,		ADDITIONS	CHANGES TO OFF	ICERS AND (	DIRECTORS	3 IN 11	
TITLE NAME	P CILL CURMIT	☐ Delete	TITLE NAME					X Change	Addition	
STREET ADDRESS	GILL, GURMIT 445 S VOLUSIA AVE		STRÉET ADDRESS	29	34 Cim	naron Lar	ne			
CITY-ST-ZIP	ORANGE CITY, FL CITY			Fu	ullerton, California92835-3144					
TITLE NAME	VP   GILL, DARSHAN	Delete	TITLE NAME					X Change	Addition	
STREET ADDRESS	445 VOLUSIA AVE.		STREET ADDRESS	29	34 Cim	maron Lar	ne			
CITY-ST-ZIP	ORANGE CITY, FL		CITY-ST-ZIP	Fu	llerto	n, Califo				
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NAMÉ expert apopese			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST+ZIP							
l indicated	certify that the information supplied with fon this report or supplemental report is poration of the receiver or trustee empo	true and accurate and that my	signature shall h	ave the :	same legal effe	ct as if made under o	oath: that I an	n an officer	or director	