2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P94000035906** 1. Entity Name 04-28-2005 90176 035 ***150.00 R.H.GILLMOR INC. Principal Place of Business Mailing Address 31 SLIVER SRPING DR. 31 SILVER SPRING DR KEY LARGO, FL 33037 KEY LARGO, FL 33037 US 2. Principal Place of Business 744 KroegeL 744 KroegeL Ave. Auc 1 Sulta, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) Chg-P Sebastian Sebastian 4. FEI Number Applied For FL 65-0490952 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2958 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gillmok Richard GILLMOR, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 31 SILVER SPRING DR KEY LARGO, FL 33037 AU-Kroegel City Sebastian 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Join . TITLE 12 Change ☐ Addition ☐ Delete Gillmor, Richard H NAME GILLMOR, RICHARD H NAME 744 Knoegel Ave 31 SILVER SPRINGS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL CITY-ST-ZIP Sebastian FL. 32958 TITLE ☐ Delete TITLE Change ☐ Addition Gillmar, Jubith K. 744 Kroeger Auc GILLMOR, JUDITH K NAME NAME 31 SILVER SPRINGS DR STREET ADDRESS STREET ADDRESS 32958 CITY-ST-ZIP KEY LARGO, FL Sebastian. FL CITY-ST-ZIP ☐ Delete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Richard H. Gillmor 41 772 228 9066 SIGNATURE:

FILED