


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90035 039 \*\*\*150.00

<b>DOCUMENT # P94000068753</b> 1. Entity Name <b>GILSON ENGINEERING SALES OF FLORIDA, INC.</b>					
Principal Place of Business <b>721 MENDEZ WAY LONGWOOD, FL 32750-6509 US</b>			Mailing Address <b>535 ROCHESTER RD PITTSBURGH, PA 15237 US</b>		
2. Principal Place of Business <b>828 Walsingham Way</b>		3. Mailing Address <b>Same as above</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Valrico FL</b>		City & State 		4. FEI Number <b>65-0519354</b>	
Zip <b>33594</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCDONALD, DOLLY 721 MENDEZ WAY LONGWOOD, FL 32750-6509</b>			7. Name and Address of New Registered Agent Name <b>McDonald, Dolly</b> Street Address (P.O. Box Number is Not Acceptable) <b>828 Walsingham Way</b>  City <b>Valrico</b> <b>FL</b> Zip Code <b>33594</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILSON, SHAWN T 721 MENDEZ WAY LONGWOOD, FL 327506509		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gilson, Shawn T. 828 Walsingham Way Valrico, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILSON, CHRISTOPHER J 535 ROCHESTER RD PITTSBURGH, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILSON, CLETUS O 535 ROCHESTER ROAD PITTSBURGH, PA 15237		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/16/06 412-369-0100 <small>Date Daytime Phone #</small>		