

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90104 028 \*\*\*150.00

<b>DOCUMENT # P95000015413</b>					
<b>1. Entity Name</b> G. GILMAN COMPANY					
<b>Principal Place of Business</b> <i>CHANGE</i> BAY POINT REAL ESTATE 3900 MARIOTT DR., SUITE K PANAMA CITY, FL 32411		<b>Mailing Address</b> <i>CHANGE</i> P.O. BOX 20239 PANAMA CITY, FL 32411			
<b>2. Principal Place of Business</b> 1817 Weakfish Way Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 28018 Suite, Apt. #, etc.			
<b>City &amp; State</b> Panama City Beach, FL Zip: 32408 Country: USA		<b>City &amp; State</b> Panama City, FL Zip: 32411 Country: USA		<b>4. FEI Number</b> 59-3299456	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GILMAN, GARY 3900 MARIOTT DR. SUITE K PANAMA CITY, FL 32411 <i>(New Address) →</i>			<b>7. Name and Address of New Registered Agent</b> Name: <i>Gilman, Gary (Same as before)</i> Street Address (P.O. Box Number is Not Acceptable): 1817 Weakfish Way (P.O. Box 28018) City: <i>Panama City, FL</i> Zip Code: <i>32411</i>		
<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.</b> SIGNATURE: <i>Gary Gilman - Gary Gilman</i> DATE: <i>4/12/05</i>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILMAN, GARY P.O. BOX 28018 N/A PANAMA CITY, FL 32411	<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"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
SIGNATURE: <i>Gary Gilman - Gary Gilman</i> DATE: <i>4/12/05</i> (850) 960-4227					