

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000058116

Entity Name: GILLIS & GILLIS, INC.

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4711 LEXINGTON AVE.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

4711 LEXINGTON AVE.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 59-3390068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILLIS, MAUREEN N  
5919 HYDE PARK CR.  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VTO  
Name: GILLIS, MAUREEN N  
Address: 5919 HYDE PARK CR.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: PSD  
Name: GILLIS, ROBERT F.  
Address: 5919 HYDE PARK CIR  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT F GILLIS

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04/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date