

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90041 024 ***150.00

DOCUMENT # P97000014485

1. Entity Name
GIM BUSINESS ENTERPRISES, INC.



Principal Place of Business

**QUICKPRINT
1401 VISCAYA PKWY
CAPE CORAL, FL 33990**

Mailing Address

**QUICKPRINT
1401 VISCAYA PKWY
CAPE CORAL, FL 33990**

DO NOT WRITE IN THIS SPACE



07132005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0231027** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCELHERAN, GAIL
1401 VISCAYA PARKWAY
CAPE CORAL, FL 33990**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCELHERAN, GAIL
1401 VISCAYA PARKWAY
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCELHERAN, LARRY
1401 VISCAYA PARKWAY
CAPE CORAL, FL 33990**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-05 239-772-0600



July 13, 2005

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

To Whom it May Concern,

I just received your NOTICE OF INTENT TO DISSOLVE. Enclosed is my check for \$150.00 because I never received the original notice. The Document number is #P97000014485.

Thank you for your attention in this matter. If you need any further information, please contact me at the address and phone below.

Regards,

Gail McElheran
Owner