2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 16, 2004 08:00 AM Secretary of State DOCUMENT # P97000029271 1. Entity Name GILLIE & ASSOCIATES, INC. Mailing Address Principal Place of Business 2204 TONIWOOD LN 2204 TONIWOOD LN PALM HARBOR, FL 34685 US PALM HARBOR, FL 34685 CR2E034 (10/03) 04132004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3435242 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GILLIE, E. DOUGLAS JR. DO NOT WRITE 2204 TONIWOOD LN. PALM HARBOR, FL 34685 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 Squature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 UQQQQQ116404 10. OFFICERS AND DIRECTORS TELL GILLIE, E. DOUGLAS JR. MASSE 2204 TONIWOOD LN STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34685 GILLIE, LINDA NAME 2204 TONIWOOD LN STREET ADDRESS PALM HARBOR, FL 34685 CITY-ST-ZIP BHF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

FILED

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