2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 05, 2007 8:00 am Secretary of State

ANNUAL REPURI	
DOCUMENT # P97000045660 1. Entity Name GILL & ASSOCIATES, P.A	05-09-2007 90110 043 ***150.00
Principal Place of Business Mailing Address 17521 US HWY 441 SUITE #12 MOUNT DORA, FL 32757 US MOUNT DORA, FL 32757 U	US I THE BUT HE HAD BEEN HER BEEN HER BUT HE HAD BEEN HAD BUT HER BUT
DO NOT WRITE IN THIS SPAC	### ### #### #########################
6. Name and Address of Current Registered Agent GILL, JOHN B 17521 US HWY 441 SUITE #12 MOUNT DORA, FL 32757 8. The above named entity and miles statement by the purpose of changing its registered.	DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registron agent. SIGNATURE Control Board 1 Dumber PAOTE: Registated Agent agent sequence required when inensitating) FILE NOW/II FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS TITLE O NAME GILL, JOHN B SIRET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 IITLE NAME STREET ADDRESS CITY-ST-ZIP	
IFILE HAME STREET ADDRESS CITY-ST-ZIP IFILE HAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information surplied with this filiph these not qualify for the exemple of the corporation or the receiver for trustey employees to execute this report as required the corporation or the receiver for trustey employees to execute this report as required to execute this report as required with an address, with sit other like empowered. SIGNATURE:	remotions contained in Chapter 119, Florida Statutes, I further certify that the information ature shall have the same legal effect as if made under oath; that I am an officer or director irred by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 5/29/07 (352) 636–1452