



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

PS 132

8/16/2005-90038-016-\$150.00-\$150.00

DOCUMENT # P98000019872 1. Entity Name PAUL GILLIAM, INC.						FILED 05 SEP 19 AM 8:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA  1st MOORE <i>T. Roberts</i> SEP 20 2005 CR2E034 (10/04)	
Principal Place of Business 4861 REGAL DR BONITA SPRINGS FL 34134				Mailing Address 4861 REGAL DR BONITA SPRINGS FL 34134			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3496884 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent GILLIAM, PAUL 4861 REGAL DR BONITA SPRINGS FL 34134				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GILLIAM, PAUL 4861 REGAL DR BONITA SPRINGS FL 34134 <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"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Paul Gilliam INC.</i> Paul Gilliam INC. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 8-10-05 Daytime Phone # _____			

9-14-05

#9 282

I Never Received my Annual Report this year. I only Got the postcard in July telling me 60 day notice to dissolve,

Paul Gilliam INC.

239-405-2123