## 2006 FOR PROFIT CORPOR ANNUAL REPORT (AP

## **FILED** Aug 04, 2006 08:00 Al Secretary of State DOCUMENT # P98000044649 1. Entity Name GILBILL, INC. Principal Place of Business Mailing Address 355 E. MONROE ST. 355 E. MONROE ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For City & State City & State 4. FEI Number 59-3514584 Not Applicable Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARKE, GILBERT R Street Address (P.O. Box Number is Not Acceptable) 355 E. MONROE ST. **JACKSONVILLE FL 32202** 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Deřete TITLE ☐ Change Addition CLARKE, GILBERT R U00000573521 08/04/06-80010-024 550.00 NAME NAME 7630 W. WINDWARD WAY STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY+S1-7IP City-St-7IP D TITLE ☐ Delete Change Addition DYE, WILLIAM NAME NAME 109 N. LIBERTY ST. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32202 CITY - ST - ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST ZIP ☐ Delete TITLE Change Addition THE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fiorida 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 all other like empowered.

STREET ADORESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY - ST - ZIP

GILBERT R. CLARKE, U. PRES. -8/106.
DIRECTOR DENOTE PROPER