2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000060526

1. Entity Name
M.G. GILMAN, INC.

Principal Place of Business	Mailing Address
2870 NE 26TH CT. FT LAUDERDALE, FL 33306	2870 NE 26TH CT. FT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE

01192005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0854122		Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

TUCKER, WILLIAM D ESQ
718 NE 2ND AVE.
FT LAUDERDALE, FL 33304

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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 $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000188211 01/24/05-80046-020 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GILMAN, MARK G
STREET ADDRESS	2870 NE 26TH CT.
CITY-ST-ZIP	FT LAUDERDALE, FL 33306

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: 1/19/05   954-557-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #