

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000076004

1. Entity Name
GIL-FUN CORP.



Principal Place of Business
**2000 GLADES RD STE 324
BOCA RATON, FL 33431**

Mailing Address
**2000 GLADES RD STE 324
BOCA RATON, FL 33431**



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3892650** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANKUTA, DAVID B ESQ.
1946 TYLER STREET
HOLLYWOOD, FL 33020**

**DO NOT WRITE
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

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 \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SPENCER, GILBERT
STREET ADDRESS	2000 GLADES RD STE 324
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	AS
NAME	MANKUTA, DAVID B ESQ.
STREET ADDRESS	1946 TYLER STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80001-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Gilbert Spencer **Gilbert Spencer** 1/25/05 561-395-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #