

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90582 013 ***150.00

20037154



03102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3580763
Applied For
Not Applicable

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

DOCUMENT # P99000051828

1. Entity Name
GILLIS MANAGEMENT, INC.



Principal Place of Business
**483 MANDALAY AVENUE
SUITE 210
CLEARWATER BEACH, FL 33767**

Mailing Address
**483 MANDALAY AVENUE
SUITE 210
CLEARWATER BEACH, FL 33767**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**LEBRECQUE, EDWARD C
1202 NEBRASKA AVENUE
PALM HARBOR, FL 34683**

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 _____
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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GILLIS, GEORGETTE 108 POINCIANA LANE LARGO, FL 34640	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D GILLIS, RODERICK III 108 POINCIANA LANE LARGO, FL 34640	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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 any other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 727 584-7355
Date Daytime Phone #