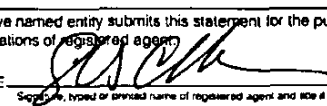
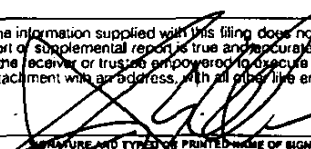


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3 Apr 21, 2008 8:00 am
Secretary of State

03-31-2008 90019 009 ***150.00

DOCUMENT # S30189			
1. Entity Name GILLMAN REAL ESTATE SALES & CONSULTING, INC.			
Principal Place of Business 1920 NORTHGATE BLVD. A-9 SARASOTA, FL 34234 US		Mailing Address 1920 NORTHGATE BLVD. A-9 SARASOTA, FL 34234 US	
2. Principal Place of Business - No P.O. Box # 6222 Tower Lane Suite, Apt. #, etc. B-3 City & State Sarasota, FL Zip 34240		3. Mailing Address Post Office Box 2639 Sarasota, FL 34230-2639	
4. FEI Number 65-0240606		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GILLMAN, STACEY S 1920 NORTHGATE BLVD A-9 SARASOTA, FL 34234		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6222 Tower Lane B-3 City Sarasota FL Zip Code 34240	
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  Stacey Gillman 3-27-08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D GILLMAN, STACEY S. 1920 NORTHGATE BLVD., SUITE A-9 SARASOTA, FL 34234 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6222 Tower Lane, B-3 Sarasota, FL 34240 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILLMAN, JORDAN E. 1920 NORTHGATE BLVD., SUITE A-9 SARASOTA, FL 34234 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6222 Tower Lane, B-3 Sarasota, FL 34240 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 line empowered.			
SIGNATURE: 		-4/17/08 941 355 8000 Date Daytime Phone #	