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

3

03-31-2008 90019 009 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S30189

1. Entity Name
GILLMAN REAL ESTATE SALES & CONSULTING, INC.

Principal Place of Business	Mailing Address
1920 NORTHGATE BLVD. A-9 SARASOTA, FL 34234 US	1920 NORTHGATE BLVD. A-9 SARASOTA, FL 34234 US

66007382

01182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
6222 Tower Lane
Suite, Apt. #, etc. B-3
City & State Sarasota, FL
Zip 34240 Country

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 [signature] Stacey Gillman 3-27-08
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, 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 D NAME GILLMAN, STACEY S. STREET ADDRESS 1920 NORTHGATE BLVD., SUITE A-9 CITY-ST-ZIP SARASOTA, FL 34234	☐ Delete	☒ Change ☐ Addition 6222 Tower Lane, B.3 Sarasota, FL 34240
TITLE D NAME GILLMAN, JORDAN E. STREET ADDRESS 1920 NORTHGATE BLVD., SUITE A-9 CITY-ST-ZIP SARASOTA, FL 34234	☐ Delete	☒ Change ☐ Addition 6222 Tower Lane, B.3 Sarasota, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 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: [signature] 4/17/08 941 355 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #