


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 A
Secretary of State

DOCUMENT # V43777	
1. Entity Name THE PAUL GILLRIE INSTITUTE, INC.	

Principal Place of Business 16008 NORTHLAKE VILLAGE DRIVE ODESSA, FL 33556 US	Mailing Address 16008 NORTHLAKE VILLAGE DRIVE ODESSA, FL 33556 US
---	---



02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3139538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILLRIE, PAUL F. 16008 N LAKE VILLAGE DR ODESSA, FL 33556
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00. After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GILLRIE, PAUL F. 16008 NORTH LAKE VILLAGE DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GILLRIE, JANIS E. 16008 NORTH LAKE VILLAGE DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000841061
03/10/08-80002-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE 	Date 2/8/08	Daytime Phone # (813) 814-2261
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		