

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000053022

**FILED**  
**Mar 16, 2022**  
**Secretary of State**  
**1407511722CC**

**Entity Name:** GIU-WILL ENTERPRISES INC.

**Current Principal Place of Business:**

450 STATE ROAD 13N  
SUITE 428  
ST JOHNS, FL 32259

**Current Mailing Address:**

450 STATE ROAD 13N  
SUITE 428  
ST JOHNS, FL 32259

**FEI Number:** 01-0694176

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOFFMANN, WILLIAM EJR  
450 STATE ROAD 13N  
SUITE 428  
ST JOHNS, FL 32259 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPST  
Name HOFFMANN, WILLIAM EJR  
Address 450 STATE ROAD 13N, SUITE # 428  
City-State-Zip: ST JOHNS FL 32259

Title D  
Name HOFFMANN, ROBERT A  
Address 100 WEST CHESTNUT  
City-State-Zip: CHICAGO IL 60610-3233

Title D  
Name HOFFMANN, JOHN A  
Address 100 W. CHESTNUT, APT. 2507  
City-State-Zip: CHICAGO IL 60610

Title DIRECTOR  
Name HOFFMANN, GRACE D  
Address 450 STATE ROAD 13N  
SUITE 428  
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR  
Name HOFFMANN, WILLIAM E III  
Address 450 STATE ROAD 13N  
SUITE 428  
City-State-Zip: ST JOHNS FL 32259

Title MR  
Name BAIN, JAMES E ESQ.  
Address 450 SR 13N  
428  
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR  
Name ROMANO, JOSEPH IV  
Address 450 STATE ROAD 13N  
SUITE 428  
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR  
Name HOFFMANN, GIULI  
Address 450 STATE ROAD 13N  
SUITE 428  
City-State-Zip: ST JOHNS FL 32259

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM E HOFFMANN JR

DPST

03/16/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date