

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000026179

FILED
Nov 20, 2009
Secretary of State

Entity Name: GILLIARD HOME REPAIR INC

Current Principal Place of Business:

6518 ROBIN AVE
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6518 ROBIN AVE
MILTON, FL 32570

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLIARD, PAUL
6518 ROBIN AVE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

GILLIARD, PAUL J
6518 ROBIN AVE
MILTON, FL 32570 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: PAUL GILLIARD

11/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GILLIARD, PAUL
Address: 6518 ROBIN AVE
City-St-Zip: MILTON, FL 32570

Title: VP () Delete
Name: GILLIARD, DONALD
Address: 6518 ROBIN AVE
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL GILLIARD

OWNE

11/20/2009

Electronic Signature of Signing Officer or Director

Date