2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 280524

1. Entity Name
GILLIARD GROVE SERVICE, INC.

Principal Place of Business	Mailing Address
637 POLK ROAD WAUCHULA, FL 33873	550 EAST DAVIDSON ST BARTOW, FL 33830

DO NOT WRITE IN THIS SPACE

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1036050	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEBOOM, JAN L
215 CAILTAN STREET
WAUCHULA, FL 33873

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_____
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000348277
05/02/05-80019-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GILLIARD, JOSPEH M
STREET ADDRESS	637 POLK RD
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Joseph M Gilliard_   4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #