

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90047 041 ***150.00

DOCUMENT # L40716

1. Entity Name

GILLIARD SPREADER SERVICE, INC.



Principal Place of Business

P.O. BOX 1952
ZOLFO SPRINGS FL 33890
US

Mailing Address

P.O. BOX 1952
ZOLFO SPRINGS FL 33890
US

54061000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0163191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLIARD, JOY A
MERLE LANGFORD ROAD
P.O. BOX 1952
ZOLFO SPRINGS FL 33890

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Joy Gilliard - Joy Gilliard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GILLIARD, GERALD L.
STREET ADDRESS P.O. BOX 1952 N/A
CITY-ST-ZIP ZOLFO SPRINGS FL ☐ Delete

TITLE DTS
NAME GILLIARD, JOY A.
STREET ADDRESS P.O. BOX 1952 N/A
CITY-ST-ZIP ZOLFO SPRINGS FL ☐ Delete

TITLE T
NAME GILLIARD, BRENT L.
STREET ADDRESS P.O. BOX 1952 NA
CITY-ST-ZIP ZOLFO SPRINGS FL ☐ Delete

TITLE T
NAME GILLIARD, WILLIAM B.
STREET ADDRESS P.O. BOX 1952 N/A
CITY-ST-ZIP ZOLFO SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joy Gilliard - Joy Gilliard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04

863-735-0490