

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L40722

1. Entity Name

GILLIARD FILL DIRT, INC.



Principal Place of Business

P.O. BOX 1952
ZOLFO SPRINGS FL 33890

Mailing Address

P.O. BOX 1952
ZOLFO SPRINGS FL 33890
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0167071

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
2209 MERLE LANGFORD ROAD
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 *Secretary*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P	<input type="checkbox"/> Delete
NAME	GILLIARD, GERALD L	
STREET ADDRESS	P.O BOX 1952 N/A	
CITY - ST - ZIP	ZOLFO SPRINGS FL 33890	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GILLIARD, JOY	
STREET ADDRESS	P.O BOX 1952 N/A	
CITY - ST - ZIP	ZOLFO SPRINGS FL 33890	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILLIARD, BRENT	
STREET ADDRESS	P.O BOX 1952 N/A	
CITY - ST - ZIP	ZOLFO SPRINGS FL 33890	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILLIARD, WILLIAM BRAD	
STREET ADDRESS	P.O BOX 1952 N/A	
CITY - ST - ZIP	ZOLFO SPRINGS FL 33890	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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04/11/05-80127-005 150.00

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

4-9-05 863-735-0490

Date

Daytime Phone #