

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 28, 2008 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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State	4. FER Number 65-0167071	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent GILLIARD, JOY 2209 MERLE LANGFORD ROAD ZOLFO SPRINGS FL 33890	7. Name and Address of New Registered Agent 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 <u>Joy Gilliard - Joy Gilliard</u> DATE <u>4-23-08</u>
---	--

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P GILLIARD, GERALD L P.O BOX 1952 N/A ZOLFO SPRINGS FL 33890 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILLIARD, JOY P.O BOX 1952 N/A ZOLFO SPRINGS FL 33890 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLIARD, BRENT P.O BOX 1952 N/A ZOLFO SPRINGS FL 33890 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLIARD, WILLIAM BRAD P.O BOX 1952 N/A ZOLFO SPRINGS FL 33890 ☐ 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 000000924327 05/16/08-80083-012 150.00
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 NAME STREET ADDRESS 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 exemptions contained in Section 119, 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: <u>Joy Gilliard - Joy Gilliard</u>	4-23-08	863-735-0490
---	---------	--------------