

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40722

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** GILLIARD FILL DIRT, INC.

**Current Principal Place of Business:**

2209 MERLE LANGFORD RD.  
ZOLFO SPRINGS, FL 33890 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1952  
ZOLFO SPRINGS, FL 33890 US

**New Mailing Address:**

**FEI Number:** 65-0167071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLIARD, JOY A SEC/TRE  
2209 MERLE LANGFORD ROAD  
ZOLFO SPRINGS, FL 33890 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GILLIARD, GERALD L  
Address: P.O BOX 1952 N/A  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: STD  
Name: GILLIARD, JOY  
Address: P.O BOX 1952 N/A  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VP  
Name: GILLIARD, BRENT  
Address: P.O BOX 1952 N/A  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VP  
Name: GILLIARD, WILLIAM BRAD  
Address: P.O BOX 1952 N/A  
City-St-Zip: ZOLFO SPRINGS, FL 33890

I hereby 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 all other like empowered.

SIGNATURE: JOY GILLIARD

STD

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date