

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90077 014 ***158.75

DOCUMENT # P01000041838

1. Entity Name

GILL'S GRASS GROOMING, INC.



Principal Place of Business

1787 BELVIDERE RD.
ENGLEWOOD FL 34223

Mailing Address

1787 BELVIDERE RD.
ENGLEWOOD FL 34223

1787 Belvidere Rd

1787 Belvidere Rd

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Englewood, FL

Suite, Apt. #, etc.

Englewood, FL

City & State

34223

City & State

34223

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number

65-1098373

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILL, TROY
1787 BELVIDERE RD.
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name

GILL, TROY

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

1787 Belvidere Rd

Englewood, FL

City

FL

Zip Code

34223

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

Troy Gill

Troy Gill

7-18-04

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, 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 PT ☐ Delete
NAME GILL, TROY
STREET ADDRESS 1787 BELVIDERE RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE VPS ☐ Delete
NAME GILL, DONNA
STREET ADDRESS 1787 BELVIDERE RD.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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*

Troy Gill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #