

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000049359**

1. Entity Name  
**GULFCOAST AGRICULTURE, TURF & ORNAMENTAL  
REPRESENTATION SERVICE, INC.**



Principal Place of Business  
**7150 E BRENTWOOD RD  
FT MYERS, FL 33919**

Mailing Address  
**7150 E BRENTWOOD RD  
FT MYERS, FL 33919**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1106308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KILGORE, JACK E II  
7150 E. BRENTWOOD RD  
FORT MYERS, FL 33919**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KILGORE, JACK E II
STREET ADDRESS	7150 E BRENTWOOD RD
CITY- ST- ZIP	FT MYERS, FL 33919

TITLE	SD
NAME	KILGORE, CAROL
STREET ADDRESS	7150 E. BRENTWOOD RD
CITY- ST- ZIP	FORT MYERS, FL 33919

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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03/11/08-80027-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Jack E. Kilgore, Pres. 2-9-08 889 707 7677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone