


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000053698 1. Entity Name GILE LAWN & TREE SERVICE, INC. |  |
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|---|---|
| Principal Place of Business 13791 MARTINIQUE DRIVE SEMINOLE, FL 33776 | Mailing Address 13791 MARTINIQUE DRIVE SEMINOLE, FL 33776 |
|---|---|

DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

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|--|---------------------------------------|
| 4. FEI Number 58-2670547 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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 registering)

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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | DATE 04/17/08-80027-007 158.75 |
|---|---|--|

10. OFFICERS AND DIRECTORS

| | |
|---|------------------------|
| TITLE PTD | GILE, WILLIAM B |
| NAME | |
| STREET ADDRESS 13791 MARTINIQUE DRIVE | |
| CITY-ST-ZIP SEMINOLE, FL 33776 | |
| TITLE VSD | GILE, KIMBERLY |
| NAME | |
| STREET ADDRESS 13791 MARTINIQUE DRIVE | |
| CITY-ST-ZIP SEMINOLE, FL 33776 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Kimberly J. Gile* Vice President 4/3/08 727-576-0254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #