


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000130022 1. Entity Name C. L. GILL CONSTRUCTION, INC.	
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Principal Place of Business 1951 OAK DR. FERNANDINA BCH, FL 32034	Mailing Address 1951 OAK DR. FERNANDINA BCH, FL 32034
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0394702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GILL, CHRISTOPHER L PRESIDE
 1951 OAK DRIVE
 FERNANDINA BEACH, FL 32034**

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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD GILL, CHRISTOPHER L 1951 OAK DR. FERNANDINA BCH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARDY, JANET L 824 N. FLETCHER AVE FERNANDINA BCH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, ROGER C JR 824 N. FLETCHER AVENUE FERNANDINA BEACH, FL 32034
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 05/12/08-80010-004 150.00

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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:  _____
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08 (904) 556-1977
Date Daytime Phone #