


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90069 012 ***150.00

DOCUMENT # P04000103784 1. Entity Name GENTRY BULLDOZING, INC.	
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Principal Place of Business 14000 NW HIGHWAY 225 REDDICK, FL 32686 US	Mailing Address 14000 NW HIGHWAY 225 REDDICK, FL 32686 US
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60012265



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1348891	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

GENTRY, WALKER
14000 N.W. HIGHWAY 225
REDDICK, FL 32686

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 _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENTRY, WALKER 14000 NW HIGHWAY 225 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENTRY, RODNEY 14000 NW HIGHWAY 225 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GENTRY, CAROL 14000 NW HIGHWAY 225 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

2-2-06 352-591-0970
Date Daytime Phone #