

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000103784

1. Entity Name
GENTRY BULLDOZING, INC.



Principal Place of Business
**14000 NW HIGHWAY 225
REDDICK, FL 32686 US**

Mailing Address
**14000 NW HIGHWAY 225
REDDICK, FL 32686 US**



02072008 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 ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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02/21/08-80022-013 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08

Date

352-591-0970

Daytime Phone #