


Apr 21 08 02:35p

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90014 034 ***158.75

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000046209 1. Entity Name FOUR DILLS MAINTENANCE & CONTRACTING, INC.	
---	---

Principal Place of Business 375 Chadwick Dr. Davenport, FL 33837	Mailing Address 375 Chadwick Dr. Davenport, FL 33837 US
--	---

40105667



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0558051	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DILL, JOSEPH E 375 Chadwick Dr. Davenport, FL 33837

**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 resigning) 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	P DILL, JOSEPH E 375 Chadwick Dr. Davenport, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DILL, SHERRY L 375 Chadwick Dr. Davenport, FL 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Sherry L. Dill (ST)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08 863 956-9590
Date Daytime Phone #