2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000054663

1. Entity Name
GIL-NUR-CLAY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 773445	P.O. BOX 773445
OCALA, FL 34477-3445	OCALA, FL 34477-3445

DO NOT WRITE IN THIS SPACE

02012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2670994	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GILFORD, ERNESTINE N
9076 SW 95TH AVE
OCALA, FL 34481

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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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

0000000644788
03/02/07--80059--002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPT
NAME	GILFORD, ERNESTINE N
STREET ADDRESS	9076 S.W. 95TH AVE
CITY-ST-ZIP	OCALA, FL 34481
TITLE	DV
NAME	GILFORD, JIMMIE L
STREET ADDRESS	9076 S.W. 95TH AVE
CITY-ST-ZIP	OCALA, FL 34481
TITLE	DS
NAME	CAMPBELL, MONICA N
STREET ADDRESS	2318 WESTMINSTER TERRACE
CITY-ST-ZIP	OVIEDO, FL 32765
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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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: *Ernestine N. Gilford*   2-13-07   352-207-6389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #