## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 22, 2005 08:00 AM **Secretary of State DOCUMENT # P97000050178** GILMER LAWN SERVICE, INC. Principal Place of Business \_ Mailing Address 5434 S GARCIA TERRACE 5434 S GARCIA TERRACE INVERNESS, FL 34452 INVERNESS, FL 34452 03092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3457387 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NELSON, JOHN A DO NOT WRITE 2218 HIGHWAY 44 WEST INVERNESS, FL 34453 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GILMER, WILLIAM G U000000272497 5434 S GARCIA TERRACE STREET ADDRESS 03/22/05-80006-025 150.00 CITY - ST - ZIP INVERNESS, FL 34452 GILMER, WILLIAM T NAME STREET ADDRESS 5434 S GARCIA TERRACE CITY - ST - ZIP INVERNESS, FL 34452 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

FILED

I hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Kilma WILLIAM & GILHER Y SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP