2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050178

City-St-Zip:

INVERNESS, FL 34452

Entity Name: GILMER LAWN SERVICE, INC.

FILED May 27, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5434 S GARCIA TERRACE INVERNESS, FL 34452			819 CEDAR AVENUE INVERNESS, FL 3445	819 CEDAR AVENUE INVERNESS, FL 34452	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5434 S GARCIA TERRACE INVERNESS, FL 34452			819 CEDAR AVENUE INVERNESS, FL 34452		
FEI Number	: 59-3457387	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
8526 EAS	N, ANTHONY TFORT COOI SS, FL 34450				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (GILMER, WILL 819 CEDAR AV INVERNESS, F	/ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GOTTBERG, N 819 CEDAR AV INVERNESS, F	/ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (X SMITH, TODD 819 CEDAR A	() Delete	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: NANCY A GOTTBERG D 05/27/2008