

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050178

Entity Name: GILMER LAWN SERVICE, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

819 CEDAR AVENUE
INVERNESS, FL 34452

New Principal Place of Business:

5434 S GARCIA TER
INVERNESS, FL 34452 US

Current Mailing Address:

819 CEDAR AVENUE
INVERNESS, FL 34452

New Mailing Address:

PO BOX 3101
INVERNESS, FL 34451 US

FEI Number: 59-3457387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, ANTHONY
8526 EAST FORT COOPER RD
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GILMER, WILLIAM T
Address: 819 CEDAR AVENUE
City-St-Zip: INVERNESS, FL 34452

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GILMER, WILLIAM T
Address: 5434 S GARCIA TER
City-St-Zip: INVERNESS, FL 34452 US

Title: VP () Change (X) Addition
Name: GILMER, WILLIAM T
Address: 5434 S GARCIA TER
City-St-Zip: INVERNESS, FL 34452 US

Title: TREA () Change (X) Addition
Name: GILMER, WILLIAM T
Address: 5434 S GARCIA TER
City-St-Zip: INVERNESS, FL 34452 US

Title: SEC () Change (X) Addition
Name: GILMER, WILLIAM T
Address: 5434 S GARCIA TER
City-St-Zip: INVERNESS, FL 34452 US

Title: VP () Change (X) Addition
Name: GILMER, WILLIAM T
Address: 5434 S GARCIA TER
City-St-Zip: INVERNESS, FL 34452 US

Title: VP () Change (X) Addition
Name: GILMER, WILLIAM T
Address: 5434 S GARCIA TER
City-St-Zip: INVERNESS, FL 34452

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.

SIGNATURE: WILLIAM T GILMER

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date