


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000023139	
1. Entity Name GILL DIVERSIFIED SERVICES, INC.	

Principal Place of Business 7635 TIMBERLIN PARK BLVD APT 913 JACKSONVILLE FL 32256	Mailing Address 7635 TIMBERLIN PARK BLVD APT 913 JACKSONVILLE FL 32256
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3571329		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCQUAIG, DAVID H 4745 SUTTON PARK CT JACKSONVILLE FL 32224
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	(NOTE: Registered Agent signature required when resigning)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME GILL, DARLENE	
STREET ADDRESS 7635 TIMBERLIN PK BLVD #913	
CITY - ST - ZIP JACKSONVILLE FL 32256	
TITLE STD	<input type="checkbox"/> Delete
NAME GILL, JAMES M	
STREET ADDRESS 7635 TIMBERLIN PK BLVD #913	
CITY - ST - ZIP JACKSONVILLE FL 32256	
TITLE VPD	<input type="checkbox"/> Delete
NAME GILL-SANDERS, TOBI ANN	
STREET ADDRESS 7635 TIMBERLIN PK BLVD #913	
CITY - ST - ZIP JACKSONVILLE FL 32256	
TITLE D	<input type="checkbox"/> Delete
NAME GILL, THOMAS J	
STREET ADDRESS 7635 TIMBERLIN PK BLVD #913	
CITY - ST - ZIP JACKSONVILLE FL 32256	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JAMES M. GILL	4/16/05	(904) 519-8976
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>