


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90311 047 \*\*\*150.00

<b>DOCUMENT # P99000023139</b>		
1. Entity Name <b>GILL DIVERSIFIED-SERVICES, INC.</b>		

Principal Place of Business <b>7635 TIMBERLIN PARK BLVD APT 913 JACKSONVILLE FL 32256</b>	Mailing Address <b>7635 TIMBERLIN PARK BLVD APT 913 JACKSONVILLE FL 32256</b>
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2. Principal Place of Business <b>10378 MARBLE EGRET DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>10378 MARBLE EGRET DR</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32257</b>	Country <b>DUVAL</b>

4. FEI Number <b>59-3571329</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MCQUAIG, DAVID H 4745 SUTTON PARK CT JACKSONVILLE FL 32224</b>	
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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GILL, DARLENE 7635 TIMBERLIN PK BLVD #913 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GILL, JAMES M 7635 TIMBERLIN PK BLVD #913 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GILL-SANDERS, TOBI ANN 7635 TIMBERLIN PK BLVD #913 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILL, THOMAS J 7635 TIMBERLIN PK BLVD #913 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10378 MARBLE EGRET DR JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10378 MARBLE EGRET DR JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10378 MARBLE EGRET DR JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10378 MARBLE EGRET DR JACKSONVILLE, FL 32257</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James M. Gill **JAMES M. GILL** 4/22/06 (904) 631-0190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #