## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # \$40981 Mar 12, 2007 08:00 AM **Secretary of State** GEORGE GILL APPRAISAL SERVICES, INC. Principal Place of Business Mailing Address 83 KNIGHT BOXX RD 83 KNIGHT BOXX RD **SUITE #105 SUITE #105** ORANGE PARK FL 32065 ORANGE PARK FL 32065 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3058861 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDY, DUDLEY P. Street Address (P.O. Box Number is Not Acceptable) 996 NORTH TEMPLE AVE. STARKE FL 32091 Zip Code City FL 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 it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THIE Change Addition GILL, GEORGE P., JR. NAME **6290 LAKE DR** STREET ADDRESS STREET ADDRESS. STARKE FL CITY-ST-ZIP CITY-ST-ZIP U00000663562 Change ☐ Dolete TIFLE ☐ AddItion 03/22/07-80009-007 150.00 NAME STREET ADDRESS STREET ADDRESS CITY+SI-7IP CITY-SI-ZIP TILLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SI - ZIP ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP HILE Defete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST-7IP IIILE Delcie TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I horeby cortify 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 offect as if made under eath; 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.

CITY-SI-ZIP

SIGNATURE:

CITY-S1-ZIP

SIGNA WIRE AND TWEET OR PRINCED NAME OF SIGNING

3-9-07

904-276-8144

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