


**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90035 046 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P00000101407**  
 1. Entity Name  
**GL-COLORADO, INC.**



Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE SUITE 28 PONTE VEDRA BEACH, FL 32082	Mailing Address 5000 SAWGRASS VILLAGE CIRCLE SUITE 28 PONTE VEDRA BEACH, FL 32082
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**66007020**



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3679827</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DUSS, JOHN S IV**  
**10110 SAN JOSE BLVD**  
**JACKSONVILLE, FL 32257**

**DO NOT WRITE  
 IN THIS SPACE**

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 retreating) DATE \_\_\_\_\_

**-- FILE NOW!!! FEE IS \$150.00 --**  
**After May 1, 2005 Fee will be \$550.00**

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	D LAZARRA, GASPER JR 5000 SAWGRASS VILLAGE CIRCLE SUITE 28 PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSS, JOHN S IV 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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: *Gaspar Lazarran*

*3/18/05 904-273-1669*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #