


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-12-2007 90094 049 ***125.00
 03-02-2007 90020 030 ****25.00

DOCUMENT # 355998
 1. Entity Name
G.L.F., INC.



Principal Place of Business
 1726 KINGSLEY AVE
 STE 19
 ORANGE PARK FL 32073
 US

Mailing Address
 PO BOX 819
 ORANGE PARK FL 32067-0819
 US

40028021



2. Principal Place of Business - No P.O. Box #
1800 PARK AVE

3. Mailing Address

Suite, Apt. #, etc.
490

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Orange Park, Florida

City & State

Zip
32073

Country
USA

Zip

Country

4. FEI Number **59-1281211**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FURNISH, GARY L
1726 KINGSLEY AVE
SUITE 19
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1800 PARK AVE # 490

City **ORANGE PARK** **FL** Zip Code **32073**

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 _____ DATE _____
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature removed when not required)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PDT	FURNISH, GARY L	1800 PK AVE # 490	ORANGE PARK FL 32073	<input type="checkbox"/>
S	FURNISH, PATRICIA J	1800 PK AVE # 490	ORANGE PARK FL 32073	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: GARY L. FURNISH DATE: 2-1-07 OFFICER PHONE: 904 278 2449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR