

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 576696**

1. Entity Name  
**G.L.H., INC.**



Principal Place of Business  
**2513 MISCINDY PLACE  
 ORLANDO FL 32806**

Mailing Address  
**2513 MISCINDY PLACE  
 ORLANDO FL 32806**



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

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1826468**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HICKLIN, GARRY  
 2513 MISCINDY PLACE  
 ORLANDO FL 32806**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when registering)

DATE \_\_\_\_\_

**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 Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **VTD**  Delete  
 NAME: **HICKLIN, GARRY L.**  
 STREET ADDRESS: **2513 MISCINDY PLACE**  
 CITY-STATE-ZIP: **ORLANDO FL**

TITLE: **1-18-07**  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE: **PSD**  Delete  
 NAME: **HICKLIN, SHARON C.**  
 STREET ADDRESS: **2513 MISCINDY PLACE**  
 CITY-STATE-ZIP: **ORLANDO FL**

TITLE:  Change  Addition  
 NAME: **000000596708**  
 STREET ADDRESS: **01/24/07-80007-004 150.00**  
 CITY-STATE-ZIP:

TITLE: **VD**  Delete  
 NAME: **DOWLING, LORI JAN**  
 STREET ADDRESS: **2525 MISCINDY PLACE**  
 CITY-STATE-ZIP: **ORLANDO FL 32806**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

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:** *Garry Hicklin* **GARRY HICKLIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-07**  
Date

**407-891-5345**  
Daytime Phone #