


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G38052</b> 1. Entity Name G. P. INVESTMENT SERVICES, INC.	
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Principal Place of Business % DEL G. POTTER 308 EAST FIFTH AVE MOUNT DORA, FL 32757	Mailing Address % DEL G. POTTER 308 EAST FIFTH AVE MOUNT DORA, FL 32757
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2284490</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

POTTER, DEL G.  
 308 EAST FIFTH AVE  
 MOUNT DORA, FL 32757

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000343503  
 04/29/05-80095-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LITTLE, GLENN, III 1505 NEW HAMPSHIRE AVE TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, PAMELA R. 1505 NEW HAMPSHIRE AVE TAVARES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Glenn Little III* **04/24/2005** 352-516-9233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #