


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-15-2006 90099 033 ***150.00

DOCUMENT # G38052
 1. Entity Name
G. P. INVESTMENT SERVICES, INC.



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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03022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2284490	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
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	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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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Glenn Little III* 04/03/2006 352-516-9233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #