

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90043 018 ***150.00

DOCUMENT # J55750

1. Entity Name

G & L SERVICES, INC.



Principal Place of Business

**1341 CINDER LANE
KISSIMMEE FL 34744**

Mailing Address

**1341 CINDER LANE
KISSIMMEE FL 34744**

2. Principal Place of Business

2317 EMPEROR DRIVE
Suite, Apt. #, etc.

3. Mailing Address

2317 EMPEROR DRIVE
Suite, Apt. #, etc.

City & State

KISSIMMEE

City & State

KISSIMMEE

4. FEI Number

59-2771353

Applied For

Not Applicable

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUSH, GEORGE M. SR.
1341 CINDER LANE
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

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 **GEORGE M. BUSH SR., PRES**

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

George M. Bush Sr.

(NOTE: Registered Agent signature required when reinstating)

1/29/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE PD ☐ Delete
NAME BUSH, GEORGE M. SR.
STREET ADDRESS 1341 CINDER LANE
CITY-ST-ZIP KISSIMMEE FL

TITLE STDV ☐ Delete
NAME BUSH, LINDA J.
STREET ADDRESS 1341 CINDER LANE
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **GEORGE M. BUSH SR., PRES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George M. Bush Sr.

Date

1/29/05 407-847-5845

Daytime Phone #