


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J87850</b> 1. Entity Name <b>G &amp; T INVESTMENTS, INC.</b>	
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Principal Place of Business <b>305 OHIO AVENUE LYNN HAVEN, FL 32444</b>	Mailing Address <b>305 OHIO AVENUE LYNN HAVEN, FL 32444</b>
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2836135</b>	Applied For <input type="checkbox"/> 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  <b>HUGHES, GEORGE M. 305 OHIO AVE LYNN HAVEN, FL 32444</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>HUGHES, GEORGE M. 908 PITTS AVE. PANAMA CITY, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST <b>MCCRORY, SYLVIA J 416 TENNESSEE AVE. LYNN HAVEN, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/14/04-80008-008 150.00

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:** Sylvia J. McCrory **Sylvia J. McCrory** 1-12-04 850-265-4426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #