

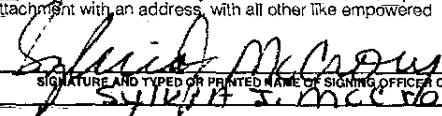


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J87850</b> 1. Entity Name <b>G &amp; T INVESTMENTS, INC.</b>			
Principal Place of Business <b>305 OHIO AVENUE LYNN HAVEN, FL 32444</b>		Mailing Address <b>305 OHIO AVENUE LYNN HAVEN, FL 32444</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03012005 No Chg-P CR2E034 (10/03)	
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>59-2836135</b>	
		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HUGHES, GEORGE M. 305 OHIO AVE LYNN HAVEN, FL 32444</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>U00000247793 03/02/05-80001-016 150.00</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD HUGHES, GEORGE M. 908 PITTS AVE. PANAMA CITY, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		ST MCCRORY, SYLVIA J 416 TENNESSEE AVE. LYNN HAVEN, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/28/05 850-265-4426 Date Daytime Phone #	