2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90066 038 ***150.00

DOCUMENT # M78691

1. Entity Name

G & F LAND COMPANY

Principal Place of Business	Mailing Address
860 STATE ROAD 434, NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	860 STATE ROAD 434, NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2887797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOODMAN, LAUREN B 860 STATE ROAD 434, NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, JEROME D.		NAME	
STREET ADDRESS	860 STATE RD 434 NORTH #7		STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOODMAN, LAUREN B		NAME	
STREET ADDRESS	860 STATE RD 434 NORTH #7		STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOODMAN, MICHAEL A		NAME	
STREET ADDRESS	860 STATE RD 434 NORTH #7		STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		CITY-ST-ZIP	
TITLE	VS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOLD, SCOTT H		NAME	
STREET ADDRESS	860 STATE RD. 434 N, STE 7		STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Lauren B. Goodman, Vice President 3-29-05 407-788-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #