## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000000265**

1. Entity Name GLC 3 & RENTAL CORP



Principal Place of Business

4 3- 3- 40

Mailing Address

11490 N.W. 20 CT. PLANTATION, FL 33323 11490 N.W. 20 CT. PLANTATION, FL 33323



06 SEP 18 APH: 32

SECRETARY OF STATE
TALL AHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

09112006 No Chg-P CR2E034 (11/05)

| 4. FEI Number                    | Applied For                       |  |
|----------------------------------|-----------------------------------|--|
| 65-0970515                       | <br>Not Applicable                |  |
| 5. Certificate of Status Desired | \$8.75 Additional<br>Fee Required |  |

6. Name and Address of Current Registered Agent

LACKER, GEORGE J 11490 N.W. 20TH CT. PLANTATION, FL 33323

SIGNATURE:

## 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  |  |  |       |                                |  |  |
|---|--|--|-------|--------------------------------|--|--|
| Signature, typed or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE  |  |  |       |                                |  |  |
| 1   | LE NOW!!! FEE IS \$150,00<br>ue by September 15, 2006                      | Election Campaign Finant<br>Trust Fund Contribution. | ing 🗆 | \$5.00 May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10.   | OFFICERS AND DIR   | ECTORS   | ·     |                                | <u> </u>   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSD<br>LACKER, GEORGE J<br>11490 N.W. 20TH CT.<br>PLANTATION, FL 333232006 |  |       | 197                            | 300080091048<br>22/0601048005 **150.00   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |       |                                | cc. 00 01040 000 **100.00  |  |
| NAME STREET ADDRESS CITY-ST-ZIP   |  |  |       | DO                             | NOT WRITE  |  |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP   |  | !  |       | IN '                           | THIS SPACE   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |       |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |       |                                |  |  |
| 12. I hereby certify that the information supplied with this filting 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 oddless, with all other like empowered. |  |  |       |                                |  |  |

alroad