

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000014141 1. Entity Name G & D SERVICES, INC.			
Principal Place of Business 3036 PORTULACA AVE JACKSONVILLE, FL 32224		Mailing Address 3036 PORTULACA AVE JACKSONVILLE, FL 32224	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent NIX, DORTHY B 3036 PORTULACA AVE JACKSONVILLE, FL 32224		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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reissuing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000382138 01/11/06-80079-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIX, EUGENE 3036 PORTULACA DR JACKSONVILLE, FL 32224	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NIX, DOROTHY 3056 PORTALUCA DR JACKSONVILLE, FL 32224		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered			
SIGNATURE: <u>Dorothy B. Nix</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/9/06</u> Daytime Phone # _____	

1/9/06 #2975