## 2004 FOR PROFIT CORPORATION

## Mar 16, 2004 8:00 am **ANNUAL REPORT (AR) Secretary of State DOCUMENT # P00000018123** 1. Entity Name 03-16-2004 90031 002 \*\*\*150.00 G & L OUTDOOR SERVICES, INC. Principal Place of Business Mailing Address 225 CAROLINA JASMINE LANE 225 CAROLINA JASMINE LANE 94029949 GLEN BURNIE MD 21061 JACKSONVILLE FL 32259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3626053 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEPPER, RICHARD C JR. Street Address (P.O. Box Number is Not Acceptable) 3030 HARTLEY RD., SUITE 150 JACKSONVILLE FL 32257 City 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Defete TITLE Change HARRINGTON, GEORGE H JR. NAME NAME STREET ADDRESS 225 CAROLINA JASMINE LANE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP SD TITLE TITLE ☐ Delete ☐ Addition HARRINGTON, LAURIE L NAME NAME 225 CAROLINA JASMINE LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32259 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Addition TITLE NAME HARRINGTON, GEORGE SR NAME STREET ADDRESS STREET ADDRESS 232-VILLAGE-GREEN-AVE -CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Channe ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

**FILED**