2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000018123

G & L OUTDOOR SERVICES, INC.



Principal Place of Business

2732 COVE VIEW DR IACKSONVILLE, FL 32257 Mailing Address

2732 COVE VIEW DR JACKSONVILLE, FL 32257

FILED Mar 07, 2007 08:00 AM Secretary of State

Fee Required



DO NOT WRITE IN THIS SPACE

02082007	No Chg-P	CR2	E034 (11/05)	
4. FEI Number			Applied For	
59-3626	053		Not Applicable	
5 Contract	- Charles Deales of	F□ \$8.75 Additional		

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired

PEPPER, RICHARD C JR. 3030 HARTLEY RD., SUITE 150 JACKSONVILLE, FL 32257			DO NOT WRITE IN THIS SPACE			
the obliga	tions of registered agent.	ourpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed haine of registered agent and title i	I applicable. (NOTE, Registered	Agent signature required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET / DORESS CITY - ST - ZIP	PVD HARRINGTON, GEORGE H JR. 2732 COVE VIEW DR N JACKSONVILLE, FL 32257			000000658022 03/15/07-80021-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRINGTON, LAURIE L 2732 COVE VIEW DR N JACKSONVILLE, FL 32257		•			
NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			yl san galanta	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP			garant de	i de la proposición de la compaño Cambrio de la compaño de l		
TITLE			· ·			

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

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Sic	NATURE AND	TYPED OR	PARTED	NAME OF S	IGNING OFFI	A P	R DIRECTOR