

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000096179

1. Entity Name

R & L GERLACH ENTERPRISES, INC.



Principal Place of Business

6100 ROYAL BIRKDALE DRIVE
LAKE WORTH FL 33463

Mailing Address

6100 ROYAL BIRKDALE DRIVE
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GERLACH, RICARDO
8100 ROYAL BIRKDALE DR
LAKE WORTH FL 33463

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

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTSD	GERLACH, RICARDO D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add/ln.
STREET ADDRESS	6100 ROYAL BIRKDALE DRIVE		0000000302367
CITY-ST-ZIP	LAKE WORTH FL 33463		04/13/05-80068-014 150.00
VD	GERLACH, LILIA C	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add/ln.
STREET ADDRESS	6100 ROYAL BIRKDALE DRIVE		
CITY-ST-ZIP	LAKE WORTH FL 33463		
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add/ln.
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add/ln.
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add/ln.
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add/ln.
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add/ln.

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/13/05 (81) 248-1339
Date Daytime Phone #