2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2005 8:00 am Secretary of State DOCUMENT # P03000106975 1. Entity Name 04-14-2005 90107 016 ***150.00 G & L RE-MODELING, INC. Mailing Address Principal Place of Business 2307 WINDSOR ROAD 2307 WINDSOR ROAD PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 04022005 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0072283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEKKAS, GEORGE N DO NOT WRITE 2307 WINDSOR ROAD PALM BEACH GARDENS, FL 33410 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **OFFICERS AND DIRECTORS** 10. 👓 🤄 TITLE NAME LEKKAS, GEORGE N STREET ADDRESS 2307 WINDSOR ROAD PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 proof 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 tracked 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: -

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-627-9861

FILED