

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000037112

1. Entity Name
G & L HOME REPAIR, INC.



FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90550 005 ***150.00

Principal Place of Business
2233 MAGNOLIA DRIVE
NEW SMYRNA BEACH, FL 32168

Mailing Address
2233 MAGNOLIA DRIVE
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business
2233 MAGNOLIA AVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



01102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOMAN, EUGENE M SR
2233 MAGNOLIA DRIVE
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HOMAN, EUGENE M SR
STREET ADDRESS 2233 MAGNOLIA DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D ☐ Delete
NAME CROUCH, LUCAS
STREET ADDRESS 1812 JUNIPER DRIVE
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME CROUCH, LUCAS
STREET ADDRESS 1812 JUNIPER DRIVE
CITY-ST-ZIP EDGEWATER FL 32132
CONTACT SPELLING

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Eugene M Homan Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APR 2005 386-689-0665
Date Daytime Phone #