

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90221 043 ***150.00

DOCUMENT # P05000111535

1. Entity Name

G & L ENTERPRISE OF VOLUSIA, INC.



Principal Place of Business

1023 INDIAN OAKS EAST
HOLLY HILL FL 32117

Mailing Address

1023 INDIAN OAKS EAST
HOLLY HILL FL 32117

2. Principal Place of Business

1023 Indian Oaks East

Suite, Apt. #, etc.

3. Mailing Address

1023 Indian Oaks East

Suite, Apt. #, etc.

City & State

Holly H: 11, FL

Zip
32117

Country
U.S.

City & State

Holly H: 11, FL

Zip
32117

Country
U.S.

4. FEI Number

203341262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

BACH, LISA
1023 INDIAN OAKS EAST
HOLLY HILL FL 32117

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, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HARRIS, GAIL
1023 INDIAN OAKS EAST
HOLLY HILL FL 32117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BACH, LISA
1023 INDIAN OAKS EAST
HOLLY HILL FL 32117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gail Harris Gail Harris 4/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #