


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000004334**

1. Entity Name  
**G&L AGENT SERVICES, INC.**



Principal Place of Business <b>390 N. ORANGE AVENUE          SUITE 600          ORLANDO, FL 32801</b>	Mailing Address <b>390 N. ORANGE AVENUE          SUITE 600          ORLANDO, FL 32801</b>
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01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3352940</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GRONEK, ROBERT J  
 390 N. ORANGE AVENUE  
 SUITE 600  
 ORLANDO, FL 32801**

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000417130  
 02/13/06-80041-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARKER, DAVID P 390 N. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS LATHAM, PETER G 390 N. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRONEK, ROBERT J 390 N. ORANGE AVE, SUITE 600 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILVAIN, LORI T 390 N. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREWERTON, JOHN L III 390 N. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby 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: *Robert J Gronek* **1/27/06** **407-461-5833**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #