



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000081875 1. Entity Name G&L HOLDING GROUP, INC.		
Principal Place of Business 40 SOUTH PALAFOX ST 5TH FLOOR PENSACOLA, FL 32501 US	Mailing Address 40 SOUTH PALAFOX ST 5TH FLOOR PENSACOLA, FL 32501 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BOTTS, NATHAN 40 SOUTH PALAFOX ST 5TH FLOOR PENSACOLA, FL 32501		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000426501 02/20/06-80047-008 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADBURY, CURT 111 CENTER STREET LITTLE ROCK, AR 72201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEIN, JOHN 507 CAREW TOWER, 441 VINE STREET CINCINNATI, OH 45202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, GARY 2525 PEACHTREE RD NE #21 ATLANTA, GA 30305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/6/06 Daytime Phone # 850 435-8300