


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90564 032 \*\*\*150.00

<b>DOCUMENT # P97000099918</b> 1. Entity Name <b>G &amp; H COMPUTER SERVICES, INC.</b>					
Principal Place of Business <b>145 N HALIFAX AVE #303 DAYTONA BEACH, FL 32118 US</b>			Mailing Address <b>P O BOX 265249 DAYTONA BEACH, FL 32126 US</b>		
2. Principal Place of Business <b>145 N Halifax Ave</b> Suite, Apt. #, etc. <b>#306</b> City & State <b>Daytona Beach FL</b> Zip <b>32118</b> Country <b>Volusia</b>			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-3481617</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			02052005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  <b>ULMER, HARRY T 145 N HALIFAX AVE #305 DAYTONA BEACH, FL 32118</b>			7. Name and Address of New Registered Agent Name <b>Ulmer Harry T</b> Street Address (P.O. Box Number is Not Acceptable) <b>145 N Halifax Ave</b> <b>#306</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32118</b>		
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 <u><i>Harry T Ulmer</i></u> DATE <u><i>4-13-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV ULMER, HARRY T 145 N HALIFAX AVE #305 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV ulmer HARRY T 145 Halifax Ave #306 Daytona Beach FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIECZOREK, GRACE 145 N HALIFAX AVE #101 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIECZOREK, GRACE 145 N HALIFAX AVE #101 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIECZOREK, GRACE 145 N HALIFAX AVE #101 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIECZOREK, GRACE 145 N HALIFAX AVE #101 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIECZOREK, GRACE 145 N HALIFAX AVE #101 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
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: <u><i>Harry T Ulmer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>4-13-05</i></u> Daytime Phone # <u><i>386-255-1599</i></u>			