

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000079342

1. Entity Name
G & T ENTERPRISES OF HAINES CITY, INC.



Principal Place of Business
**2683 KOKOMO ROAD
 HAINES CITY, FL 33844**

Mailing Address
**PO BOX 627
 DAVENPORT, FL 33836**



04252005 No Chg-P GR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3596350

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, AGUSTIN J
 2683 KOKOMO ROAD
 HAINES CITY, FL 33844**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**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

**U00000351974
 05/03/05-80009-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARCIA, AGUSTIN J
STREET ADDRESS	2683 KOKOMO ROAD
CITY - ST - ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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: *Agustin J Garcia* **AGUSTIN GARCIA** *4/25/2005* **863-439-2136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #