
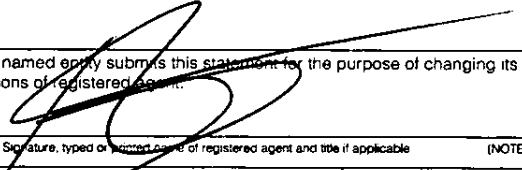
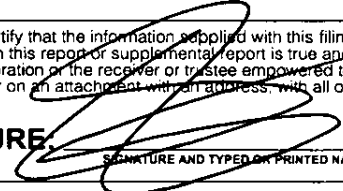


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 017 ***150.00

DOCUMENT # P02000129396 1. Entity Name D & G ATHLETIC CLUB, INC.					
Principal Place of Business 1903 W. LUNSDEN RD. BRANDON, FL 33511			Mailing Address 1903 W. LUNSDEN RD. BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box # 1418 S. Evers St.		3. Mailing Address Suite, Apt. #, etc.			
City & State Plant City FL		City & State Suite, Apt. #, etc.		01032007 Chg-P CR2E034 (12/06)	
Zip FL 33566		Country 33566		4. FEI Number 16-1642525	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOMHOFF, PHILIP JR. 5327 COMMERCIAL WAY, SUITE D-122 SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name Rocke Mulean + Shan Jamie Prockoff Esq. Street Address (P.O. Box Number is Not Acceptable) 2309 S. MacDill Ave City Tampa FL Zip Code 33629		
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 reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONOFRIO, KEVIN 1903 W LUNSDEN RD BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		Daytime Phone #