

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000012283

**Entity Name:** J & G OF ORMOND, INC.

**Current Principal Place of Business:**

215 PINE CONE TRAIL  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

215 PINE CONE TRAIL  
ORMOND BEACH, FL 32174 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANT, GARY C  
215 PINE CONE TRAIL  
ORMOND BEACH, FL 32174 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GRANT, GARY C  
Address 215 PINE CONE TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title VP  
Name BRAMMER, THOMAS J  
Address 38 ZEBULAH'S TRAIL  
City-State-Zip: PALM COAST FL 32164

Title S  
Name BRAMMER, ERIKA  
Address 38 ZEBULAH'S TRAIL  
City-State-Zip: PALM COAST FL 32164

Title T  
Name GRANT, JONNIE  
Address 215 PINE CONE TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY C GRANT

**PRESIDENT**

**04/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date