

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 381299
1. Entity Name
G & G RADIATOR SERVICE, INC.



Principal Place of Business
**2248 E CANAL ST S
BELLE GLADE FL 33430
US**

Mailing Address
**PO BOX 725
BELLE GLADE FL 33430
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1350348** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GOFORTH, GEORGE JR.
2248 E. CANAL ST. SOUTH
BELLE GLADE FL 33430**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GOFORTH, JANISE			NAME			
STREET ADDRESS	2248 E CANAL ST S			STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE, FL 00000			CITY-ST-ZIP			
TITLE	VD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	SWEET, LEATRICA G			NAME			
STREET ADDRESS	213 SE 7TH ST N			STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE FL			CITY-ST-ZIP			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	GOFORTH, GEORGE JR.			NAME			
STREET ADDRESS	2248 E CANAL ST S			STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE, FL 00000			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Leatrice Sweet* **Leatrice Sweet** 04-07-06 561-996-3102