

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G48429

1. Entity Name
G & G MARINE CENTER, INC.



FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90092 048 ***150.00

Principal Place of Business
**4497 SOUTH U.S. 1
EDGEWATER, FL 32141**

Mailing Address
**4497 SOUTH U.S. 1
EDGEWATER, FL 32141**

2. Principal Place of Business

3. Mailing Address

2419 VISTA PALM DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EDGEWATER, FL

Zip

Country

Zip

32141

Country

USA

03162005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2324615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GODFREY, MICHAEL J.
2419 VISTA PALM DR.
EDGEWATER, FL 32141**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
GODFREY, MICHAEL J
2419 VISTA PALM DRIVE
EDGEWATER, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GODFREY, MICHAEL J.
2419 VISTA PALM DR
EDGEWATER, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

[Handwritten Signature]

3-16-05