

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # K51927

1. Entity Name
GGGHG & G INVESTMENTS, INC.



Principal Place of Business
1023 MANATEE AVE. W. (34205)
P.O. BOX 1550
BRADENTON, FL 34206

Mailing Address
1023 MANATEE AVE. W. (34205)
P.O. BOX 1550
BRADENTON, FL 34206



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0058697

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRIMES, WILLIAM C.
1023 MANATEE AVENUE WEST
BRADENTON, FL 34205

**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 _____

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
DP
GRIMES, WILLIAM C.
4414 24TH AVE. EAST
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
GRIMES, CALEB J.
3612 16TH AVENUE EAST
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HAWKINS, JOHN D.
321 32ND STREET WEST
BRADENTON, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GLADFELTER, LESLIE H
3302 WEST SAN PEDRO
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GALVANO, WILLIAM S
1808 97TH ST NW
BRADENTON, FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000182749
01/19/05-80040-010 150.00

**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)(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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. GRIMES, P., 1-13-05, 9417480151
Date Daytime Phone #