

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 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



01132006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	GRIMES, WILLIAM C.
STREET ADDRESS	4414 24TH AVE. EAST
CITY- ST- ZIP	PALMETTO, FL 34221
TITLE	DST
NAME	GRIMES, CALEB J.
STREET ADDRESS	3612 16TH AVENUE EAST
CITY- ST- ZIP	PALMETTO, FL 34221
TITLE	VD
NAME	HAWKINS, JOHN D.
STREET ADDRESS	321 32ND STREET WEST
CITY- ST- ZIP	BRADENTON, FL 34205
TITLE	VD
NAME	GLADFELTER, LESLIE H
STREET ADDRESS	3302 WEST SAN PEDRO
CITY- ST- ZIP	TAMPA, FL 33629
TITLE	VD
NAME	GALVANO, WILLIAM S
STREET ADDRESS	1808 97TH ST NW
CITY- ST- ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/24/06-50043-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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

JOHN D. HAWKINS, D 1-17-06

Date

Daytime Phone #

9417480151