

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90005 002 ****61.25

DOCUMENT # N97000000622 1. Entity Name G G CLASSIC, INC.																																																																																																																													
Principal Place of Business 13011 NW 5TH STREET PLANTATION, FL 33325			Mailing Address 13011 NW 5TH STREET PLANTATION, FL 33325																																																																																																																										
2. Principal Place of Business 7758 GREENBRIER CIR Suite, Apt. #, etc.		3. Mailing Address 7758 GREENBRIER CIR. Suite, Apt. #, etc.																																																																																																																											
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL		4. FEI Number 65-0724257																																																																																																																									
Zip 34986		Country St. Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GODDARD, DENNIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13011 NW 5TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33325</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GODDARD, JOANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13011 NW 5TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33325</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GORSUN, BARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13011 NW 5TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PLANTATION, FL 33325</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAFAELS, UMBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8080 SE PEPPERCORN COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOBE SOUND, FL 33455</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAFAELS, DIANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8080 SE PEPPERCORN COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOBE SOUND, FL 33455</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">CHAIRMAN</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Goddard Dennis</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7758 Greenbrier Cir.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port St. Lucie, FL 34986</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V.P.</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Goddard Jo Ann</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7758 Greenbrier Cir.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port St. Lucie, FL 34986</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gorsun Barry</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7758 Greenbrier Cir.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port St. Lucie, FL 34986</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	GODDARD, DENNIS		STREET ADDRESS	13011 NW 5TH STREET		CITY-ST-ZIP	PLANTATION, FL 33325		TITLE	STD	<input type="checkbox"/> Delete	NAME	GODDARD, JOANN		STREET ADDRESS	13011 NW 5TH STREET		CITY-ST-ZIP	PLANTATION, FL 33325		TITLE	D	<input type="checkbox"/> Delete	NAME	GORSUN, BARRY		STREET ADDRESS	13011 NW 5TH STREET		CITY-ST-ZIP	PLANTATION, FL 33325		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	RAFAELS, UMBERTO		STREET ADDRESS	8080 SE PEPPERCORN COURT		CITY-ST-ZIP	HOBE SOUND, FL 33455		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	RAFAELS, DIANE		STREET ADDRESS	8080 SE PEPPERCORN COURT		CITY-ST-ZIP	HOBE SOUND, FL 33455		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Goddard Dennis		STREET ADDRESS	7758 Greenbrier Cir.		CITY-ST-ZIP	Port St. Lucie, FL 34986		TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Goddard Jo Ann		STREET ADDRESS	7758 Greenbrier Cir.		CITY-ST-ZIP	Port St. Lucie, FL 34986		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Gorsun Barry		STREET ADDRESS	7758 Greenbrier Cir.		CITY-ST-ZIP	Port St. Lucie, FL 34986		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																											
NAME	GODDARD, DENNIS																																																																																																																												
STREET ADDRESS	13011 NW 5TH STREET																																																																																																																												
CITY-ST-ZIP	PLANTATION, FL 33325																																																																																																																												
TITLE	STD	<input type="checkbox"/> Delete																																																																																																																											
NAME	GODDARD, JOANN																																																																																																																												
STREET ADDRESS	13011 NW 5TH STREET																																																																																																																												
CITY-ST-ZIP	PLANTATION, FL 33325																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	GORSUN, BARRY																																																																																																																												
STREET ADDRESS	13011 NW 5TH STREET																																																																																																																												
CITY-ST-ZIP	PLANTATION, FL 33325																																																																																																																												
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	RAFAELS, UMBERTO																																																																																																																												
STREET ADDRESS	8080 SE PEPPERCORN COURT																																																																																																																												
CITY-ST-ZIP	HOBE SOUND, FL 33455																																																																																																																												
TITLE	D	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	RAFAELS, DIANE																																																																																																																												
STREET ADDRESS	8080 SE PEPPERCORN COURT																																																																																																																												
CITY-ST-ZIP	HOBE SOUND, FL 33455																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME	Goddard Dennis																																																																																																																												
STREET ADDRESS	7758 Greenbrier Cir.																																																																																																																												
CITY-ST-ZIP	Port St. Lucie, FL 34986																																																																																																																												
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME	Goddard Jo Ann																																																																																																																												
STREET ADDRESS	7758 Greenbrier Cir.																																																																																																																												
CITY-ST-ZIP	Port St. Lucie, FL 34986																																																																																																																												
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME	Gorsun Barry																																																																																																																												
STREET ADDRESS	7758 Greenbrier Cir.																																																																																																																												
CITY-ST-ZIP	Port St. Lucie, FL 34986																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
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 617, 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:  Dennis Goddard CHAIRMAN 7504-772-489-4413 <small>Signature, typed or printed name of signing officer or director Date Daytime Phone #</small>																																																																																																																													