

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90364 031 \*\*\*150.00

DOCUMENT # P00000057730

1. Entity Name  
G & G ELECTRIC, INC.



Principal Place of Business  
1415 ELLISON LANE  
LAKELAND, FL 33801

Mailing Address  
3540 WATERFIEDL PARKWAY  
LAKELAND, FL 33-8031

00000000

2. Principal Place of Business  
3126 Reynolds Rd  
Suite, Apt. #, etc. Unit 748

3. Mailing Address  
5864 Lake Victoria Dr.  
Suite, Apt. #, etc.



03152006 Chg-P CR2E034 (11/05)

City & State  
Lakeland Fla  
Zip 33803 Country

City & State  
Lakeland Fla  
Zip 33813 Country

4. FEI Number  
59-3668261  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CRUICKSHANK, GEORGE R  
5864 LAKE VICTORIA DRIVE  
LAKELAND, FL 33813

## 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**

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

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CRUICKSHANK, GEORGE R	
STREET ADDRESS	1415 ELLISON LANE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	TS	<input type="checkbox"/> Delete
NAME	CRUICKSHANK, GALE A	
STREET ADDRESS	1415 ELLISON LANE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHMIDKE, CORBIN C	
STREET ADDRESS	1415 ELLISON LANE	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUICKSHANK, GEORGE R	
STREET ADDRESS	5864 Lake Victoria Dr.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUICKSHANK, GALE A.	
STREET ADDRESS	5864 Lake Victoria Dr.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDKE, CORBIN C	
STREET ADDRESS	5864 Lake Victoria Dr.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: George R. Cruickshank  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06 863-665-5400  
Date Daytime Phone #