

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000072794		
1. Entity Name G & R ENTERPRISES OF ST. PETERSBURG, INCORPORATED		
Principal Place of Business 3645-45TH AVE. N. ST. PETERSBURG, FL 33714	Mailing Address 3645-45TH AVE. N. ST. PETERSBURG, FL 33714	



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3663685	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ERICKSON, DOUGLAS J
3645-45TH AVE. N.
ST. PETERSBURG, FL 33714**

**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 registering)

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**

U000000251184
03/04/05-80042-002 150.00

10. OFFICERS AND DIRECTORS

TITLE P	ERICKSON, DOUG
NAME	
STREET ADDRESS	3645 45TH AVENUE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE VP	ERICKSON, TONIA
NAME	
STREET ADDRESS	3645 45TH AVENUE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Douglas Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-02-05 5289305

Date

Daytime Phone #