

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023962

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: G & G DEPENDABLE AUTO CARE, INC.

**Current Principal Place of Business:**

4033 BLANDING  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 24668  
JACKSONVILLE, FL 322414668 US

**New Mailing Address:**

FEI Number: 59-3706638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

M A HERNANDEZ TAX INC  
3617-2 CROWN POINT RD  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BUCHHEIT, GEORGE  
Address: PO BOX 24668  
City-St-Zip: JACKSONVILLE, FL 322414668

Title: DST ( ) Delete  
Name: BRUGONE, GARY L  
Address: PO BOX 24668  
City-St-Zip: JACKSONVILLE, FL 322414668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BRUGONE

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date