

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90436 027 ***150.00

DOCUMENT # P02000023286	
1. Entity Name G & G BUILDING MATERIALS, INC.	

Principal Place of Business 1525 VIRGILS WAY SUITE 2 GREEN COVE SPRINGS, FL 32043	Mailing Address P.O. BOX 2712 ORANGE PARK, FL 32067-2712 US
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2. Principal Place of Business 2175 Kingsley Ave. Suite, Apt. #, etc. Suite 207 City & State Orange Park FL	3. Mailing Address Suite, Apt. #, etc. City & State Zip 32073 Country Clay
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04302004 Chg-P CR2E034 (10/03)

4. FEI Number 26-0010057	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALERO, GLENN A 1525 VIRGILS WAY SUITE 2 GREEN COVE SPRINGS, FL 32043	7. Name and Address of New Registered Agent Name Valero, Glenn Ann Street Address (P.O. Box Number is Not Acceptable) 2175 Kingsley Ave #207 City Orange Park FL Zip Code 32073
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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 Glenn Ann Valero DATE 4-30-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALERO, GLENN A 1525 VIRGILS WAY #2 GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Valero, Glenn A 2175 Kingsley Ave #207 Orange Park FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Glenn Ann Valero DATE 4-30-04 DAYTIME PHONE # 704-8479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR