

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90050 029 ***150.00

DOCUMENT # P03000037771

1. Entity Name

D & G ACQUISITIONS, INC.



Principal Place of Business

6201 STAUNTON DRIVE
HOLIDAY FL 34690

Mailing Address

6201 STAUNTON DRIVE
HOLIDAY FL 34690

2. Principal Place of Business

6030 6th Ave

Suite, Apt. #, etc.

3. Mailing Address

6030 6th Ave

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

New Port Richey, FL

Zip
34653

Country

City & State

New Port Richey, FL

Zip
34653

Country

4. FEI Number

11-3687637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, DAVID
6201 STAUNTON DRIVE
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name Glenn Cook
Street Address (P.O. Box Number is Not Acceptable)
6030 6th Ave

City New Port Richey **FL** Zip Code 34653

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 reinstating)

DATE

2-16-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, GLENN F SR.	
STREET ADDRESS	200 MOORE ROAD	
CITY-ST-ZIP	ANDALUSIA AL 36420	

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, DAVID	
STREET ADDRESS	6201 STAUNTON DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34690	

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, CYNTHIA A	
STREET ADDRESS	200 MOORE ROAD	
CITY-ST-ZIP	ANDALUSIA AL 36420	

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, GLENN F JR	
STREET ADDRESS	6502 SKYLEMAR TRAIL	
CITY-ST-ZIP	FAIRFAX VA 20121	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, David	
STREET ADDRESS	5241 Sparrow Dr.	
CITY-ST-ZIP	Holiday, FL 34690	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, GLENN F JR	
STREET ADDRESS	6030 6th Ave	
CITY-ST-ZIP	New Port Richey, FL 34653	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-04 727-849-3899

Date

Daytime Phone #