

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000037771

1. Entity Name
D & G ACQUISITIONS, INC.



Principal Place of Business
**6030 6TH AVE.
NEW PORT RICHEY, FL 34653**

Mailing Address
**6030 6TH AVE.
NEW PORT RICHEY, FL 34653**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, GLENN
6030 6TH AVE.
NEW PORT RICHEY, FL 34653**

**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 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**

**000000391777
01/24/06-80055-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOK, GLENN F SR.
STREET ADDRESS	200 MOORE ROAD
CITY- ST- ZIP	ANDALUSIA, AL 36420
TITLE	D
NAME	COOK, DAVID
STREET ADDRESS	2240 TAHITIAN DR.
CITY- ST- ZIP	HOLIDAY, FL 34691
TITLE	D
NAME	COOK, CYNTHIA A
STREET ADDRESS	200 MOORE ROAD
CITY- ST- ZIP	ANDALUSIA, AL 36420
TITLE	D
NAME	COOK, GLENN F JR
STREET ADDRESS	6030 6TH AVE.
CITY- ST- ZIP	NEW PORT RICHEY, FL 34653
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-06 727-271-4739

Date

Daytime Phone