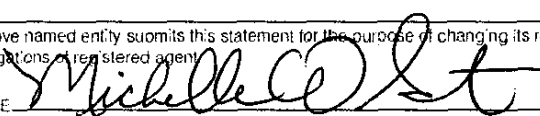
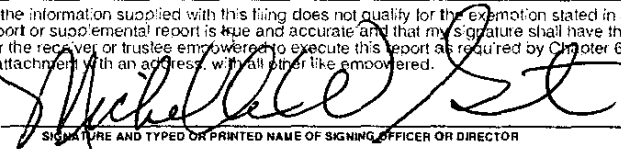


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90036 027 ***158.75

DOCUMENT # P03000068609 1. Entity Name G & G MONEY SHACK, INC.					
Principal Place of Business 107 FIRST STREET MELROSE, FL 32666			Mailing Address 107 FIRST STREET MELROSE, FL 32666		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2371325 Applied For ☐ Not Applicable ☐	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L SUITE 201 - ST. MARK'S PLACE 1930 SAN MARCO BOULEVARD JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name MICHELLE W. GUNTER Street Address (P.O. Box Number is Not Acceptable) 107 1st STREET City MELROSE FL Zip Code 32666	
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  DATE 4/5/2004 Signature, typed or printed name of registered agent and title (if applicable). (b)(7)(E) Registered Agent's signature required when changing agent.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete GUNTER, MICHELLE W 107 FIRST STREET MELROSE, FL 32666	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete GUNTER, RICHARD L 107 FIRST STREET MELROSE, FL 32666	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ☐ Delete GRANT, ROSALIE H 140 NW COUNTY ROAD 138 BRANFORD, FL 32008	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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:  DATE 4/5/2004 (352) 473-9696 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					