

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90045 049 ***150.00

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03102005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000135771

1. Entity Name
G & G ALUMINUM, INC.



Principal Place of Business
**4880 SOUTH US 41
DUNNELLON, FL 34432**

Mailing Address
**4880 SOUTH US 41
DUNNELLON, FL 34432**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**RAMOS, YAZMIN
10510 SW 47 AVE
OCALA, FL 34476**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6730 SW 129th
City **Ocala** FL Zip Code **34473**

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 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P MEYERS, GEORGE 22008 SW MANGO LANE DUNNELLON, FL 34431 <i>change of address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Meyers, George 4880 South US 41 Dunnellon, FL 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSS, GEORGE GRADY 22008 SW MANGO LANE DUNNELLON, FL 34431 <i>change of address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cross, George Grady 4880 South US 41 Dunnellon, FL 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROSS, BENJAMIN O 22008 SW MANGO LANE DUNNELLON, FL 34431 <i>change of address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cross, Benjamin O 4880 South US 41 Dunnellon, FL 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: **3-20-2005** **352-489-0424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #