2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam G & G AL	ne	# P03000135 , INC.			03-15-2006 90	0087 003	5 ***150.0	00			
Principal Plac 4880 SOUTH DUNNELLON	I US 41		Mailing Address 4880 SOUTH US 41 DUNNELLON, FL 34432		\$60314						
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132006	Chg-P	CR2E	034 (11/05)	_	
City & State			City & State		4. FEI Numb 65-121				plied For t Applicable		
Zip Country		Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required							
· 	6. Name	and Address of Current	Registered Agent		Name Î		Address of New R	Registered	Agent		
RAMOS, YAZMIN					May er Corce						
6730 SW 1 OCALA, FI					Street Address (P.O. Box Number is Not Acceptable)						
OO/12 1, 11	2 044/0				4880 S US 41						
!					City Dunellm FL ZigCode 32132						
8. The above	named entity	submits this statement f	or the purpose of changing its	register					~ I	and accept	
tne obligat	tions of registe	_						-1.	3 ha 1		
SIGNATURE Squature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
		FEE IS \$150.00 3 Fee will be \$550.	9. Election Campa Trust Fund Conf			.00 May Be ded to Fees					
10.	T. D.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEYERS, 4880 S US DUNNELL		☐ Delete	•					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4880 S US	GEORGE GRADY G 41 ON, FL 34432	☐ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4880 S US	BENJAMIN O 3 41 ON, FL 34432	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	- 1					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			Delete	СПУ	E ET ADDRESS -ST-ZIP	d in Chantar 1	O. Clorido Chabas	1 6. psth	☐ Change	Addition	
indicated	too this repor	t or even lemental report	h this filing does not qualify for is true and accurate and that or		ture shall have the	como logal effe	ot as if made under	anthithet l		Or disperse	

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:	Lenge	1 1/ley	er	
			AME OF SIGNING OFF	CER OR DIRECTOR

3-13-2006

352-489-0424

Daytime Phone #