

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90060 026 ***550.00

DOCUMENT # P04000025111

1. Entity Name
FLORIDA G AND D, INC.



Principal Place of Business
12 QUICKWOOD CLOSE
LIVERPOOL
UNITED KINGDOM, XX

Mailing Address
12 QUICKWOOD CLOSE
LIVERPOOL
UNITED KINGDOM, XX

40110908



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
98-0450773

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

7. Name and Address of New Registered Agent

GLASSER, DAVID W
150 S PALMETTO AVE
SUITE 100
DAYTONA BEACH, FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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
PD
KAITIFF, JOEL B
12 QUICKWOOD CLOSE LIVERPOOL
LIVERPOOL, UK ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
STONE, GILIAN
30 ROCKBOURNE AVE
LIVERPOOL, UK L75 4tw ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
STONE, GILLIAN
19 GIPSY LANE
LIVERPOOL, UK, L18 3HL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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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

Date: 10th July 08

Daytime Phone # (2144) 1514286002