

ANNUAL REPORT

DOCUMENT # P05000145061

1. Entity Name
G & G TRUCKING OF CENTRAL FL INC

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90200 006 ***150.00

Principal Place of Business Mailing Address
88 CENTER ST SW **88 CENTER ST SW**
WINTER HAVEN, FL 33880 **US** **WINTER HAVEN, FL 33880** **US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1170 Eloise Loop Rd **1170 Eloise Loop Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Winter Haven, FL **Winter Haven, FL**
City & State City & State

01142007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
NOT APPLICABLE ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Country Zip Country
33884 **US** **33884** **US**

6. Name and Address of Current Registered Agent

GILES, EUGENE
88 CENTER ST SW
WINTER HAVEN, FL 33880

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME **GILES, EUGENE**
STREET ADDRESS **88 CENTER ST SW**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE VP ☒ Delete
NAME **GILES, MICHAEL T**
STREET ADDRESS **P.O. BOX 1636**
CITY-ST-ZIP **LAKE WALES, FL 33859**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME **Giles, Eugene**
STREET ADDRESS **1170 Eloise Loop Rd**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE VP ☒ Change ☐ Addition
NAME **Giles, Michael T**
STREET ADDRESS **1170 Eloise Loop Rd**
CITY-ST-ZIP **Winter Haven, FL 33884**

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

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

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:

Eugene Giles