

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-04-2007 90069 017 ***150.00

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1. Entity Name

G & G MANAGEMENT GROUP, INC.



Principal Place of Business
10859 EMERALD COAST PARKWAY
SUITE 204-304
MIRAMAR BEACH FL 32550

Mailing Address
10859 EMERALD COAST PARKWAY
SUITE 204-304
MIRAMAR BEACH FL 32550

66019295



1st MOORE CR2E034 (10/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3656070

Applied For

Not Applicable

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

MILLER, SUSAN
10859 EMERALD COAST PARKWAY
SUITE 204-304
MIRAMAR BEACH FL 32550

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

Susan Miller

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Corporate Agent signature required when registering)

4/23/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 10

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Delete
P D	MILLER, SUSAN	10859 EMERALD COAST PARKWAY SUITE 204-304	MIRAMAR BEACH FL 32550	☐
VP D	ELLIS, GARY	9085 KOLBY WAY	PRESCOTT VALLEY AZ 86314	☐
D	MILLER, GEORGE	10859 EMERALD COAST PARKWAY STE 204-304	MIRAMAR BEACH FL 32550	☐
D	ELLIS, LYNN	9085 KOLBY WAY	PRESCOTT VALLEY AZ 86314	☐
				☐
				☐

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 exemptions contained in Section 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:

Susan Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #