

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90029 020 ***150.00

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1. Entity Name

D & G ENTERPRISES OF SILVER SPRINGS, INC.



Principal Place of Business

**4047 CTY HWY 314-A
SILVER SPRINGS, FL 33488**

Mailing Address

**4047 CTY HWY 314-A
SILVER SPRINGS, FL 33488**

50056681



07202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0393138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILLETTE, ELMER E
4047 CTY HWY 314-A
SILVER SPRINGS, FL 33488**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	GILLETTE, ELMER E.
STREET ADDRESS	4047 CTY HWY 314A
CITY-ST-ZIP	SILVER SPRINGS, FL 34488
TITLE	PD
NAME	GILLETTE, EDWARD
STREET ADDRESS	4047 NE COUNTY HWY 314A
CITY-ST-ZIP	SILVER SPRINGS, FL 34488
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #