


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000017349

1. Entity Name
G & G OF JACKSONVILLE, INC.



Principal Place of Business Mailing Address

1919 NIGHTFALL DR. **1919 NIGHTFALL DR**
NEPTUNE BEACH, FL 32266-1517 US **NEPTUNE BEACH, FL 32266 US**

DO NOT WRITE IN THIS SPACE



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3228301 Not Applicable

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

6. Name and Address of Current Registered Agent

GRUBBS, DARYL
1919 NIGHTFALL DRIVE
NEPTUNE BEACH, FL 32266

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000111575
04/13/04-80024-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUBBS, AARON C 1919 NIGHTFALL DRIVE NEPTUNE BEACH, FL 17
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GRUBBS, DARYL 1919 NIGHTFALL DRIVE NEPTUNE BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Daryl Grubbs, VP* **4-9-04** **904-290-2080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #