

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90063 044 \*\*\*150.00

20032107



04112005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P94000074896</b> 1. Entity Name <b>G &amp; M SUBS, INC.</b>					
Principal Place of Business <b>11018-123 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32257</b>			Mailing Address <b>11018-123 OLD ST. AUGUSTINE RD. JACKSONVILLE, FL 32257</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-3273472</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>HUTCHENS, JAMES G JR, CPA 106 CANAL BLVD. PONTE VEDRA BEACH, FL 32082</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGAUDIO, GREG 15680 CROAKER RD. JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DelGaudio Greg 2516 Anniston Rd. Jax FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELGAUDIO, MICHELE 15680 CROAKER RD. JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DelGaudio Michele 2516 Anniston Rd. Jax FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
-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.					
<b>SIGNATURE: Michele L. DelGaudio / Michele L. DelGaudio</b> (904) 262-7879 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

4/11/05

**ATTACHMENT 20032107**  
**Division of Corporations**



**2005 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.**

This information cannot be changed on the report.	
Document Number	P94000074896
Business Entity Name	G & M SUBS, INC.
Original File Date	10/10/1994

FEI Number 59-3273472

Principal Address 11018-123 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32257

Mailing Address 11018-123 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32257

Registered Agent JR, CPA JAMES G HUTCHENS  
106 CANAL BLVD.  
PONTE VEDRA BEACH, FL 32082 US

**Officer/Director Name And Address**

P  
GREG DELGAUDIO  
15680 CROAKER RD.  
JACKSONVILLE, FL 32226

VP  
MICHELE DELGAUDIO  
15680 CROAKER RD.  
JACKSONVILLE, FL 32226

If all of the above information is correct and  
you do not wish to make any changes, please  
select:

No Changes

If you need to make changes to the  
above information, please select:

Make Changes

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