## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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**SIGNATURE:** 

nt with an address, with all other like empowered.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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## Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P95000035198 1. Entity Name 04-02-2004 90052 006 \*\*\*150.00 G & G ENTERPRISES OF PORT RICHEY, INC. Principal Place of Business Mailing Address C/O PERKINS RESTAURANT & BAKERY 9072 LENORE CT 11929 US HIGHWAY 19 NORTH WEEKI WACHEE FL 34613 PORT RICHEY FL 34668 Mailing Address 2. Principal Place of Business グイヤタ Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State Applied For 59-3313510 <u>Spring</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -- 7. Name and Address of New Registered Agent --- --JACY BROWN, GARY L Street Address (P.A. Box Number is Not Acceptable) 9072 LENORE CT WEEKI WACHEE FL 34613 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 Presiden Brown 3-10-04 <u>6000</u> (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition LEMERAND, L. GALE NAME NAME 13 MAGNOLIA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP $oldsymbol{\Delta}$ DP TITLE ☐ Delete TITLE Change : Addition BROWN, GARY L i Brown NAME STREET ADDRESS 9072 LENORE CT STREET ADDRESS CITY-ST-ZIP WEEKI WACHEE FL 34613 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITI F ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

3-10-04