2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90052 006 ***150.00

DOCUMENT # P95000035198

1. Entity Name
G & G ENTERPRISES OF PORT RICHEY, INC.

Principal Place of Business	Mailing Address
C/O PERKINS RESTAURANT & BAKERY 11929 US HIGHWAY 19 NORTH PORT RICHEY FL 34668	9072 LENORE CT WEEKI WACHEE FL 34613 US

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 5449
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Spring Hill, FL
Zip / Country	Zip: 34611 / Country: US

4. FEI Number 59-3313510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, GARY L
9072 LENORE CT
WEEKI WACHEE FL 34613

7. Name and Address of New Registered Agent

Name: Gary L Brown
Street Address (P.O. Box Number is Not Acceptable): 4685 Commercial Way
City: Spring Hill FL Zip Code: 34606

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] Gary L Brown President 3-10-04
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
After May 1, 2004 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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LEMERAND, L. GALE 13 MAGNOLIA LANE ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, GARY L 9072 LENORE CT WEEKI WACHEE FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Gary L Brown 10113 Holly Berry Dr Weeki Wachee, FL 34613	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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] Gary L Brown 3-10-04 352-596-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #