## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000079103

1. Entity Name
JG DOUBLE D, INC.



FILED Feb 27, 2008 08:00 AN Secretary of State

Principal Place of Business

5201 W SPRUCE US POST OFFICE TAMPA, FL 33630 US Mailing Address

12413 ASHVILLE DRIVE TAMPA, FL 33626



## DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3404943 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOSEPH D III 12413 ASHVILLE DRIVE TAMPA, FL 33626

## DO NOT WRITE IN THIS SPACE

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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!II FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign F Trust Fund Contribut			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE	Р	<u></u>				,
NAME	GARCIA, JOSEPH D III		ı			
STREET ADDRESS	12413 ASHEVILLE DR					·
CITY-ST-2IP	TAMPA, FL					Hannana411na
TITLE	VP					U00000841102 03/10/08-80004-003 150.00
NAME	GARCIA, SANDRA		*			DON TON DO DO DO TOO TOO
STREET ADDRESS	12413 ASHVILLE DR					
CITY-ST-ZIP	TAMPA, FL					
TITLE	ST					
NAME	GARCIA, SANDRA					
STREET ADDRESS	12413 ASHVILLE DR				DO	NOT MOITE
CITY - ST - ZIP	TAMPA, FL				DO	NOT WRITE
TITLE					INI "	THIS SPACE
NAME			1		114	I HIS SPACE
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						•

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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2-17-08

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