


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90003 018 \*\*\*150.00

DOCUMENT # P96000087689	
1. Entity Name DOUBLE G DEVELOPMENT AND MANAGEMENT CO., INC.	

Principal Place of Business 140 S. ATLANTIC AVE, STE 203 ORMOND BEACH, FL 32176 US	Mailing Address 140 S. ATLANTIC AVE, STE 203 ORMOND BEACH, FL 32176 US
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40026283

2. Principal Place of Business - No P.O. Box # 570 MEMORIAL CIRCLE Suite, Apt. #, etc. SUITE 300 City & State ORMOND BEACH, FL Zip 32174 Country USA	3. Mailing Address 570 MEMORIAL CIRCLE Suite, Apt. #, etc. SUITE 300 City & State ORMOND BEACH, FL Zip 32174 Country USA
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01282007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GALLOWAY, G G 140 S ATLANTIC AVENUE SUITE #203 ORMOND BEACH, FL 32176	
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4. FEI Number 59-3410617	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 570 MEMORIAL CIRCLE SUITE 300	
City ORMOND BEACH	FL Zip Code 32174

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 	G.G. GALLOWAY 1/29/07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLOWAY, G.G. 1305 OAK FOREST DR. ORMOND BEACH, FL 32174 <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	VP GALLOWAY, CINDY 1305 OAK FOREST DR. ORMOND BEACH, FL 32174 <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
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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 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.	
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SIGNATURE: 	G.G. GALLOWAY 1/29/07 386-672-8530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	