


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 Mailing Address

140 S. ATLANTIC AVE,
 STE 203
 ORMOND BEACH, FL 32176 US

140 S. ATLANTIC AVE,
 STE 203
 ORMOND BEACH, FL 32176 US

40026283

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

570 MEMORIAL CIRCLE 570 MEMORIAL CIRCLE

Suite, Apt. #, etc. Suite, Apt. #, etc.


SUITE 300 SUITE 300

City & State City & State

ORMOND BEACH, FL ORMOND BEACH, FL

Zip Country Zip Country

32174 USA 32174 USA



01282007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3410617 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, G G
 140 S ATLANTIC AVENUE SUITE #203
 ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

570 MEMORIAL CIRCLE SUITE 300

City State Zip Code

ORMOND BEACH FL 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. Galloway 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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, G.G.	NAME	
STREET ADDRESS	1305 OAK FOREST DR.	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, CINDY	NAME	
STREET ADDRESS	1305 OAK FOREST DR.	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: G. Galloway G.G. GALLOWAY 1/29/07 386-672-8530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #