


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000027906

1. Entity Name
D & G MOBIL-TECH CORPORATION



Principal Place of Business
**8110 TOM SAWYER DR.
 TAMPA, FL 33637**

Mailing Address
**8110 TOM SAWYER DR.
 TAMPA, FL 33637**

DO NOT WRITE IN THIS SPACE



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3578094

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANCUSO, GIUSEPPE
 6706 PEMBERTON OAKS CT
 SEFFNER, FL 33584**

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000878851
 04/14/08 00072-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANCUSO, GUISEPPE
STREET ADDRESS	P.O. BOX 29051
CITY - ST - ZIP	TAMPA, FL 33687
TITLE	D
NAME	MCDONALD, DAVID
STREET ADDRESS	8110 TOM SAWYER DR.
CITY - ST - ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____