

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 20, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # S61783**

1. Entity Name  
**DGG DEVELOPMENT CORPORATION**



Principal Place of Business

**C/O J. WARREN BULLARD  
18 NW THIRD AVE  
OCALA, FL 34475**

Mailing Address

**C/O J. WARREN BULLARD  
18 NW THIRD AVE  
OCALA, FL 34475**



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3075541**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BULLARD, J WARREN  
18 NW THIRD AVENUE  
OCALA, FL 34475**

**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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

SIGNATURE OF OFFICER OR DIRECTOR

**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**

10. OFFICERS AND DIRECTORS

TITLE: DP  
NAME: EVANGELISTA, GABRIELE  
STREET ADDRESS: 8050 SW 157TH PLACE  
CITY-ST-ZIP: MIAMI, FL 33193

TITLE: DVST  
NAME: SFERRA, GIORGIO  
STREET ADDRESS: 8050 SW 157TH PLACE  
CITY-ST-ZIP: MIAMI, FL 33193

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

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

000000833285  
02/28/08-80006-022 150.00

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**February 18, 2008 352-732-5900**

Date

Daytime Phone #