

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90063 005 \*\*\*163.75

**DOCUMENT # S88537**

1. Entity Name

G. & G. FLORIDA, INC.



Principal Place of Business

8801 SW 124TH ST  
MIAMI FL 33176-5217  
US

Mailing Address

P.O. BOX 56-0006  
MIAMI FL 33256-0006  
US

2. Principal Place of Business

6138 HARBOUR GREENS DR  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 542317  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LAKE WORTH, FL

City & State

LAKE WORTH

4. FEI Number

65-0291000

Applied For

Not Applicable

Zip  
33467-6823

Country

PALM BEACH

Zip

33454-2317

Country

PALM BEACH

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIRMER, GUENTER A  
8801 SW 124TH ST  
MIAMI FL 33176-5217

7. Name and Address of New Registered Agent

Name SCHIRMER, GUENTER A  
Street Address (P.O. Box Number is Not Acceptable)  
6138 HARBOUR GREENS DRIVE  
City LAKE WORTH FL Zip Code 33467-6823

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!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	SCHIRMER, GUENTER A	
STREET ADDRESS	8801 SW 124TH ST	
CITY-ST-ZIP	MIAMI FL 33176-5217	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOSMOL RIECHERT, WALLI	
STREET ADDRESS	8801 SW 124TH ST	
CITY-ST-ZIP	MIAMI FL 33176-5217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address, with all other like empowered.

SIGNATURE:

SCHIRMER GUENTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/04  
Date

561-642-2258  
Daytime Phone #