2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000115473

1. Entity Name
GALEAS SERVICES, INC

Principal Place of Business	Mailing Address
1515 N. FEDERAL HWY, #2	1515 N. FEDERAL HWY, #2
LAKE WORTH, FL 33460	LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

_66004828_

01132006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
42-1663450	Not Applicable

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

6. Name and Address of Current Registered Agent

GALEAS, HECTOR J
1515 N. FEDERAL HWY, #2
LAKE WORTH, FL 33460

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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, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	GALEAS, HECTOR J
STREET ADDRESS	468 SEMINOLE DR
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Hector Galeas_ PRESIDENT 01-12-06 (561) 236-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #