

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G27406

Entity Name: GALA TIMES, INC.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

101 E KENNEDY BLVD  
SUITE 3200  
TAMPA, FL 336013399

## New Principal Place of Business:

8819 KANAWHA ROAD  
GIBSONTOWN, FL 33534

## Current Mailing Address:

101 E KENNEDY BLVD  
SUITE 3200  
TAMPA, FL 336013399

## New Mailing Address:

P.O. BOX 1442  
GIBSONTOWN, FL 33534

FEI Number: 59-2273776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCEWEN, DAVID  
100 1ST AVE STE 340  
SAINT PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

MCEWEN, DAVID B  
100 1ST AVE STE 340  
SAINT PETERSBURG, FL 33701 US

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.

SIGNATURE: DAVID B. MCEWEN

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HABECK, LARRY,  
Address: 8819 KANAWHA RD  
City-St-Zip: GIBSONTOWN, FL 00000,

Title: STD ( ) Delete  
Name: HABECK, GALA J,  
Address: 8819 KANAWHA RD  
City-St-Zip: GIBSONTOWN, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HABECK, LARRY  
Address: 8819 KANAWHA RD  
City-St-Zip: GIBSONTOWN, FL 33534

Title: STD (X) Change ( ) Addition  
Name: HABECK, GALA J  
Address: 8819 KANAWHA RD  
City-St-Zip: GIBSONTOWN, FL 33534

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY HABECK

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date