

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**1. Entity Name**  
**GALA TIMES, INC.**



Mailing Address  
P.O. BOX 1442  
GIBSONTON, FL 33534

**DO NOT WRITE IN THIS SPACE**



04012005      No Chg-P      CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HABECK, LARRY
STREET ADDRESS	8819 KANAWHA RD
CITY - ST - ZIP	GIBSONTON, FL 33534

TITLE	STD
NAME	HABECK, GALA J
STREET ADDRESS	8819 KANAWHA RD
CITY - ST - ZIP	GIBSONTON, FL 33534

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000292361  
04/08/05-80009-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sala Haback - sec GALA HABECK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

4-5-05

813-677  
7982