
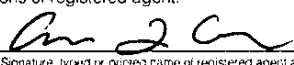
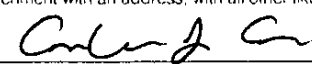


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90062 028 ***150.00

DOCUMENT # H43949 1. Entity Name ANTHONY GALIE SEMINARS, INC.			
Principal Place of Business 310 MARLIN PL MELBOURNE BEACH, FL 32951		Mailing Address 310 MARLIN PL MELBOURNE BEACH, FL 32951	
2. Principal Place of Business - No P.O. Box # 1329 TIPPERARY DRIVE		3. Mailing Address 1329 TIPPERARY DRIVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MELBOURNE, FL		City & State MELBOURNE, FL	
Zip 32940		Zip 32940	
Country		Country	
6. Name and Address of Current Registered Agent GALIE, ANTHONY 310 MARLIN PL MELBOURNE BEACH, FL 32951		7. Name and Address of New Registered Agent Name GALIE, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 1329 TIPPERARY DRIVE City MELBOURNE FL Zip Code 32940	
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:  DATE: 1-9-08 <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,D GALIE, ANTHONY T 2145 N. HWY A1A INDIALANTIC, FL 32903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1329 TIPPERARY PL MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP,T GALIE, ANTHONY T 2145 N. HWY A1A INDIALANTIC, FL 32903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GALIE, ANTHONY T 2145 N. HWY A1A INDIALANTIC, FL 32903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: 		DATE: 1-9-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #	

40001647



01092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2496818 Applied For Not Applicable

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