2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000008448

1. Entity Name
PEGASUS GLOBAL SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 14803 JACKSONVILLE, FL 32238-1803	P.O. BOX 14803 JACKSONVILLE, FL 32238-1803

DO NOT WRITE IN THIS SPACE

04062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3692910	Not Applicable

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

6. Name and Address of Current Registered Agent

SVENDSEN, EVERETT G
5633 SWAP FOX RD
JACKSONVILLE, FL 32210

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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 _Ed Sunder_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE _May 20, 2005_

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	WILLIAMS, PAXTON	
STREET ADDRESS	P.O. BOX 14803	
CITY-ST-ZIP	JACKSONVILLE, FL 322381803	
TITLE		
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

#1-U00000297397
04/11/05-80028-003   150.00

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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 an address, with all other like empowered.

SIGNATURE: _PK Williams President_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #