

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000005172

1. Entity Name
SERVICES GALORE, INC.



FILED
05 MAY 27 PM 5:09
SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
**1608 SEQUOIA DRIVE
TALLAHASSEE, FL 32301**

Mailing Address
**1608 SEQUOIA DRIVE
TALLAHASSEE, FL 32301**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



05162005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**STEWART, BRIDGET
1608 SEQUOIA DRIVE
TALLAHASSEE, FL 32301**

4. FEI Number
82-0581640

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 the registered agent.

SIGNATURE *Bridget Stewart* **Bridget D. Stewart** **5/27/05**
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, DARRYL K 1608 SEQUOIA DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500055972525 06/09/05--01038--001 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEWART, BRIDGET D 1608 SEQUOIA DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500055972525 06/09/05--01038--002 \$8.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bridget Stewart* **Bridget D. Stewart** **5/27/05** **(850) 898-8823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #