

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000014935

1. Entity Name
FLORIDA GENERAL SERVICES/FGS, INC.



Principal Place of Business
10911 ENDEAVOUR WAY
UNIT B-2
LARGO, FL 33777-1638 US

Mailing Address
10911 ENDEAVOUR WAY
UNIT B-2
LARGO, FL 33777



04162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3165131

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAYES, CHARLES E
10911 ENDEAVOUR WAY, UNIT B-2
LARGO, FL 33777

**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	DPS
NAME	HAYES, CHARLES E
STREET ADDRESS	308 BATH CLUB BLVD. NORTH
CITY - ST - ZIP	N. REDINGTON BCH, FL 33708
TITLE	DST
NAME	HAYES, CHRISTINE
STREET ADDRESS	308 BATH CLUB BLVD. NORTH
CITY - ST - ZIP	N. REDINGTON BCH, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/02/05-80157-019 150.00

**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)(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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Hayes
Secretary

4-26-05 727-545-9511

Date

Daytime Phone #