2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90059 027 ***150.00

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1. Entity Name
GALLERIA HALL FOR HIRE, INC.

Principal Place of Business	Mailing Address
2077 S. TAMIAMI TRAIL VENICE, FL 34293 US	2077 S. TAMIAMI TRAIL VENICE, FL 34275 US

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0454760
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, RICHARD A
2063 MAIN ST.
SARASOTA, FL 34237-6094

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	~~P~~
NAME	BLOOM, SYLVIA
STREET ADDRESS	432 BELLINTI CIRCLE
CITY-ST-ZIP	NOKOMIS, FL
TITLE	~~ST P~~
NAME	BLOOM, MICHAEL
STREET ADDRESS	432 BELLINI CIRCLE
CITY-ST-ZIP	NOKOMIS, FL
TITLE	VP
NAME	BLOOM, MARTIN
STREET ADDRESS	416 PICASSO DR.
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	BLOOM, RICHARD
STREET ADDRESS	2077 S. TAMIAMI TRAIL
CITY-ST-ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Brian 1/9/04 941-966-9158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #