

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90019 018 \*\*\*550.00

**DOCUMENT # P95000017260**

1. Entity Name

**BACKSTAGE SERVICES, INC.**



Principal Place of Business

**17401 PERDIDO KEY DRIVE  
PENSACOLA FL 32507**

Mailing Address

**17401 PERDIDO KEY DRIVE  
PENSACOLA FL 32507**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (4/04)

*See attached*

4. FEI Number **59-3298485**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIEVIT, KELLY & ODOM  
15 WEST MAIN STREET  
PENSACOLA FL 32501**

Name

**Joseph R Gilchrist**

Street Address (P.O. Box Number is Not Acceptable)

**17401 Perdido Key Dr**

**Pensacola**

City

**FL**

Zip Code

**32507**

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

*Joe R. Gilchrist* **Joe R. Gilchrist**

**7/27/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete  
NAME **GILCHRIST, JOSEPH R**  
STREET ADDRESS **17401 PERDIDO KEY DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MCCLELLAN, PATRICK M**  
STREET ADDRESS **17410 PERDIDO KEY DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 life empowered.

**SIGNATURE:**

*Joe R. Gilchrist* **Joe R. Gilchrist**

**7/27/04**

**850-442-3048**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R04546



Department of the Treasury  
Internal Revenue Service

OGDEN UT

84201-0038

SB J

*Attached*  
*#95000017260*  
*4405533*

Notice Date: AUG. 26, 2002

Notice Number: CP 279

Employer Identification Number:

59-2242236

Form Number: 2363



FLORA-BAMA PACKAGE & LOUNGE INC  
17401 PERDIDO KEY RD  
PENSACOLA FL 32507-9354011

## ACCEPTANCE OF FORM 8869 QUALIFIED SUBCHAPTER S SUBSIDIARY ELECTION

We've accepted your election to be treated as a Parent S Corporation, with an accounting period of DECEMBER. Your election is effective APRIL 15, 2002. The effective date is subject to verification and approval of the information provided on your tax return. Keep a copy of this notice of acceptance for your permanent records.

If you have questions about this notice, please call us at 1-800-829-1040 or you may write to us at the address shown in the heading of this letter. If you write to us, include a copy of this notice, your telephone number, and the most convenient time for us to call if we need additional information.

Form  
**8869**

(September 2000)  
Department of the Treasury  
Internal Revenue Service

# Qualified Subchapter S Subsidiary Election

(Under section 1361(b)(3) of the Internal Revenue Code)

OMB No. 1545-1700

## Part I Parent S Corporation Making the Election

1a Name of parent

FLORA-BAMA PACKAGE & LOUNGE, INC.

2 Employer identification number (EIN)

59-2242236

b Number, street, and room or suite no. (if a P.O. box, see instructions)

17401 PERDIDO KEY ROAD

3 Tax year ending (month and day)

12/31

c City or town, state, and ZIP code

PENSACOLA, FL 32507

4 Service center where last return was filed

ATLANTA, GA

Name of officer or legal representative whom the IRS may call for more information

JOE GILCHRIST

6 Telephone number of officer or legal representative

(850) 492-0611

## Part II Subsidiary Corporation for Which Election is Made (For additional subsidiaries, see instructions.)

7a Name of subsidiary

BACKSTAGE SERVICES, INC.

8 EIN (if any)

59-3298485

b Number, street, and room or suite no. (if a P.O. box, see instructions)

17401 PERDIDO KEY ROAD

9 Date incorporated

03/02/1995

c City or town, state and ZIP code

PENSACOLA, FL 32507

10 State of incorporation

FLORIDA

11 Date election is to take effect (month, day, year) (see instructions)

04/15/2002

12 Did the subsidiary previously file a Federal income tax return? If "yes," complete lines 13a, 13b, and 13c

☒ Yes ☐ No

13a Service center where last return was filed

ATLANTA, GA

13b Tax year ending date of last return (month, day, year)

12/31/2001

13c Check type of return filed: ☒ Form 1120 ☐ Form 1120S ☐ Other

14 Was the subsidiary's last return filed as part of a consolidated return? If "yes," complete lines 15a, 15b, and 15c

☐ Yes ☒ No

15a Name of common parent

15b EIN of common parent

15c Service center where consolidated return was filed

Under penalties of perjury, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer of parent corporation

COPY

Title

Date

For Paperwork Reduction Act Notice, see page 2.

Form 8869 (9-2000)

Attached  
#95000072260  
44057533