


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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



MOORE CR2E034 (4/04)
See attached

4. FEI Number **59-3298485**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**KIEVIT, KELLY & ODOM
 15 WEST MAIN STREET
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **Joseph R Gilchrist**

Street Address (P.O. Box Number is Not Acceptable)
17401 Perdido Key Dr

City **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** DATE **7/27/04**

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

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST GILCHRIST, JOSEPH R 17401 PERDIDO KEY DRIVE PENSACOLA FL 32507 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MCCLELLAN, PATRICK M 17410 PERDIDO KEY DRIVE PENSACOLA FL 32507 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 life empowered.

SIGNATURE: *Joe R. Gilchrist* **Joe R. Gilchrist** DATE **7/27/04** DAYTIME PHONE # **850-442-3048**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R04546



Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0038

Attached
SBJ
#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.

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 |
| 5 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 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Form 1120S <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Form 1120 |
| 14 Was the subsidiary's last return filed as part of a consolidated return? If "yes," complete lines 15a, 15b, and 15c | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

*Attached #95000072960
 09/22/00
 4475753*