2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-01-2005 90071 031 ***150.00

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DOCUMENT # P95000021302

1. Entity Name
POMGI, INC.

66006461

Principal Place of Business	Mailing Address
109 GULF BLVD INDIAN ROCKS BEACH, FL 33785	109 GULF BLVD INDIAN ROCKS BEACH, FL 33785

DO NOT WRITE IN THIS SPACE

02172005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3307936
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALLACE, POMPEO
14583 -102ND AVE N.
LARGO, FL 33774

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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: VPres. DATE: 2-22-05
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, 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	PT
NAME	GALLACE, POMPEO
STREET ADDRESS	14583 -102 AVE N.
CITY-ST-ZIP	LARGO, FL 33774
TITLE	V
NAME	GALLACE, LUIGI A
STREET ADDRESS	13134 CIMARRON CR S.
CITY-ST-ZIP	LARGO, FL 33774
TITLE	S
NAME	GALLACE, ALICE M
STREET ADDRESS	14583 -102 AVE N.
CITY-ST-ZIP	LARGO, FL 33774
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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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: Vice Pres. Date: Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR