

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-01-2005 90071 031 ***150.00

DOCUMENT # P95000021302

1. Entity Name
POMGI, INC.



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

Mailing Address
**109 GULF BLVD
INDIAN ROCKS BEACH, FL 33785**

DO NOT WRITE IN THIS SPACE

66006461



02172005 No Chg-P CR2E034 (10/03)

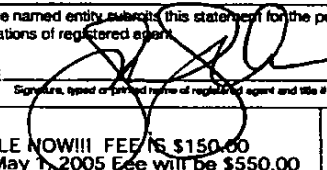
4. FEI Number 59-3307936	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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  **VPRES.** **2-22-05** DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

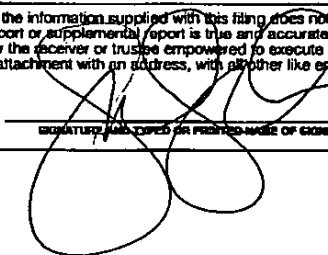
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GALLACE, POMPEO 14583 -102 AVE N. LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLACE, LUIGI A 13134 CIMARRON CR S. LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALLACE, ALICE M 14583 -102 AVE N. 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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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:  **Vice Pres.** **2-22-05** DATE

SIGNATURE AND TITLE OF REGISTERED AGENT OF CLOSING OFFICER OR DIRECTOR