

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 23, 2007 08:00 AM
Secretary of State

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number
59-3307936

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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

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 5, 2007**

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **GALLACE, POMPEO**
STREET ADDRESS **14583 -102 AVE N.**
CITY- ST- ZIP **LARGO FL 33774**

TITLE ☐ Change ☐ Addition
NAME **000000769956**
STREET ADDRESS **07/23/07-80003-014 150.00**
CITY- ST- ZIP

TITLE **V** ☐ Delete
NAME **GALLACE, LUIGI A**
STREET ADDRESS **13134 CIMARRON CR S.**
CITY- ST- ZIP **LARGO FL 33774**

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

TITLE **S** ☐ Delete
NAME **GALLACE, ALICE M**
STREET ADDRESS **14583 -102 AVE N.**
CITY- ST- ZIP **LARGO FL 33774**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Chapter 119, 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.

LUIGI A. GALLACE
Vice President

(27)

596-0200