

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90011 049 ***150.00

DOCUMENT # P96000085162

1. Entity Name
GALARIS ENTERPRISES, INC.



Principal Place of Business

**1299 MAIN ST
SUITE G
DUNEDIN, FL 34698**

Mailing Address

**C/O STERLING MANAGEMENT, INC.
2880 SCHERER DRIVE #840
ST. PETERSBURG, FL 33716 US**

94010336



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3409489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMPATHAKIS, JAMES D
1299 MAIN ST
SUITE E
DUNEDIN, FL 34698**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GALARIS, SEAN
STREET ADDRESS 809 BAY ESPLANDE
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE STD
NAME GALARIC, JOHN
STREET ADDRESS 301 REAR LAFAYETTE ST
CITY-ST-ZIP SALEM, MA 01970

TITLE D
NAME LAMPATHAKIS, JAMES
STREET ADDRESS 1299 MAIN ST
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN GALARIS

2/10/04

Date

727-299-9555

Daytime Phone #