

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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**



02082005 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**PD
GALARIS, SEAN
809 BAY ESPLANDE
CLEARWATER, FL 33767**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000299983
04/12/05-80001-024 150.00

**DO NOT WRITE
IN THIS SPACE**

**PLEASE SIGN
DATE & MAIL**

12. I hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SEAN GALARIS
PRESIDENT**

4/4/05 727-733-2000