

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P98000039223**

1. Entity Name  
GLOBAL ADVISORY SERVICES, INC.



Principal Place of Business  
6760 LINFORD LANE  
JACKSONVILLE, FL 32217

Mailing Address  
P.O. BOX 551548  
JACKSONVILLE, FL 32255-1598



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3515815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PROM, STEPHEN G  
3100-BARNETT CENTER  
50 N. LAURA STREET  
JACKSONVILLE, FL 32202

**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

(NOTE: Registered Agent signature required when reinstating)

18 April 06  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BLASER, DONALD E
STREET ADDRESS	8200 JOSE CIRCLE WEST
CITY - ST - ZIP	JACKSONVILLE, FL 32217

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000536031  
05/08/06-80076-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 April 06 904-737-1672  
Date Daytime Phone #