

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90008 011 ***150.00

DOCUMENT # P99000045852

1. Entity Name
GALAXY WAREHOUSE, INC.



Principal Place of Business
**3050 SW 3RD TERRACE
OKEECHOBEE, FL 34974**

Mailing Address
**3050 SW 3RD TERRACE
OKEECHOBEE, FL 34974**

44049658



2. Principal Place of Business

3. Mailing Address
PO Box 1237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07152004

Chg-P

CR2E034 (10/03)

City & State

City & State
Pompano Beach, FL

4. FEI Number

65-0933275

Applied For

Not Applicable

Zip

Country

Zip
33061-1237

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

**GILES, DOUGLAS
1274 SW 28TH AVENUE
DEERFIELD BEACH, FL 33442**

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 \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GILES, WILLIAM H
2740 NE 5 STREET
POMPAÑO BEACH, FL 33062**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GILES, DOUGLAS
1274 SW 28 AVENUE
DEERFIELD BEACH, FL 33442**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
GILES, LINDA
2740 NE 5 STREET
POMPAÑO BEACH, FL 33062**

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

TITLE
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☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doug Giles

7-26-04

954-782-9904