Amended

2004 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAY 21 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061257

1. Entity Name
GALERIA FINANCIAL SERVICES, INC.

03062003 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
% ROBERT L. GARVER 934 SOBT APOPKA, FL 32703	% ROBERT L. GARVER 934 SOBT APOPKA, FL 32703

2. Principal Place of Business	3. Mailing Address
934 S. ORANGE BLOSSOM TR	934 S. Orange Blossom TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FL	City & State: Apopka, FL
Zip: 32703 Orange	Zip: 32703 Country: ORANGE

4. FEI Number: 59-3582608 ☐ Applied For ☐ Not Applicable

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
GARVER, ROBERT L 934 SOBT APOPKA, FL 32703	Name: JERRY S. SMITH Street Address (P.O. Box Number is Not Acceptable): 604 VIANA COURT City: WINTER SPRINGS FL Zip Code: 32708

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: PRESIDENT JERRY S. SMITH 5-14-04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, JERRY S 934 SOBT APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President JERRY S. SMITH 604 VIANA COURT WINTER SPRINGS, FL 32708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JAMES S. SMITH 412 MISTY OAKS DR CASSELBERRY, FL 32707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400037435944 06/01/04--01011--013 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: JERRY S. SMITH 5-14-04 407-814-1562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B