2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000092375

1. Entity Name

BEE GEE SERVICES, INC.



Principal Place of Business

9779 ARBOR VIEW DR S BOYNTON BEACH, FL 33437 Mailing Address

9779 ARBOR VIEW DR S BOYNTON BEACH, FL 33437



FILED

Apr 08, 2005 8:00 am Secretary of State

04-08-2005 90032 017 ***150.00

03172005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0961221 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GELLER, BERNARD / 9779 ARBOR VIEW DR S . . . BOYNTON BEACH, FL+ 33437

DO NOT WRITE IN THIS SPACE

:	ja varia sakerua a sakerua sa				
8. The above the obligation	named entity submits this statement for the purpoons of registered agent of the purpose of registered agent of the purpose of	oose of changing its registered office	e or registered agent, or both,	in the State of Florida.: I am face the state remains on a second to the state of t	amiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if ap	 	gnature required when reinstating)	DATE	- William Configuration () part with the configuration (
FILI After Ma	E NOWIII_FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTO	DRS E			
TITLE NAME STREET ADORESS CITY-ST-ZIP	D GELLER, BERNARD 9779 ARBOR VIEW DR S BOYNTON BEACH, FL 33437	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELLER, GALE 9779 ARBORVIEW DR S BOYNTON BEACH, FL 33437				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		D0:	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ç k		INT	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	STEEDER STANFEL TREET			P. DOPP.	
TITLE NAME STREET ADORESS CITY-ST-ZIP	1 (1) A = = Aut # 1	31 Emilia Cel Kacel (1) €			
GHY-SI-ZP	I	3434,600		(*************************************	

12. I hereby certify that the information supplied with this filling 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 of powered.

SIGNATURE

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

20/11

Daytime Phone #