2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # S96329

1. Entity Name
GALAXY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
271 SE HARBOR PT DR STUART, FL 34996 US	P.O. BOX 3237 STUART, FL 34995 US

DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0301353

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, KAZUYO
271 SE HARBOR POINT DR
STUART, FL 34996

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD
NAME	RUSSELL, KAZUYO
STREET ADDRESS	271 SE HARBOR POINT DR
CITY-ST-ZIP	STUART, FL 34996
TITLE	S
NAME	RUSSELL, RIKI
STREET ADDRESS	1240 SW DYER POINT RD
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	T
NAME	RUSSELL, KEN
STREET ADDRESS	4111 BARBAROSSA AVE
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kazuyo Russell 1/24/06 772-283-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #