

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000005516

Entity Name: GGI ABILITY SERVICES, INC.

Current Principal Place of Business:

1715 TIFFANY DR E
WEST PALM BEACH, FL 33407

Current Mailing Address:

1715 TIFFANY DR E
WEST PALM BEACH, FL 33407 US

FEI Number: 88-2819556

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NASON YEAGER GERSON HARRIS & FUMERO, P.A.
3001 PGA BOULEVARD, STE. 105
WEST PALM BEACH, FL 33407 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name ZUCCARO, RAY
Address 1715 TIFFANY DR E
City-State-Zip: WEST PALM BEACH FL 33407

Title D
Name REEVER, TIM
Address 1715 TIFFANY DR E
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name KRONES, PETER
Address 1715 TIFFANY DR E
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name LEE, JOSHUA
Address 1715 TIFFANY DR E
City-State-Zip: WEST PALM BEACH FL 33407

Title PRESIDENT
Name COWAN, MICHAEL
Address 1715 TIFFANY DR E
City-State-Zip: WEST PALM BEACH FL 33407

Title CEO
Name DAVIDSON, KAREN
Address 1715 TIFFANY DR E
City-State-Zip: WEST PALM BEACH FL 33407

Title CFO
Name RICHMOND, CAROL
Address 1715 TIFFANY DR E
City-State-Zip: WEST PALM BEACH FL 33407

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN DAVIDSON

CEO

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date