2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000010234

1. Entity Name
GALEFORCE HURRICANE SHUTTERS INC.

Principal Place of Business	Mailing Address
7658 S US 1 PORT SAINT LUCIE, FL 34952	189 N CAPRONA AVE PORT SAINT LUCIE, FL 34983

DO NOT WRITE IN THIS SPACE

03192006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0579031
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALTINO, ANTHONY
189 N CAPRONA AVE
PORT SAINT LUCIE, FL 34983

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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 _____
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
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	P
NAME	ALTINO, ANTHONY
STREET ADDRESS	189 N CAPRONA AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	VP
NAME	ALTINO, ROBERT
STREET ADDRESS	189 N CAPRONA AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	ST
NAME	ALTINO, EMANUELA
STREET ADDRESS	189 N CAPRONA AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
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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05/05/06-80069-003 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #