


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90029 006 \*\*\*150.00

DOCUMENT # P99000016430

1. Entity Name  
 GALATI ENTERPRISES, INC.



Principal Place of Business Mailing Address

~~1208 VOYAGER ST~~ *207 Black Lk Rd* PO BOX 4133  
~~DELTONA, FL 32725~~ *Osteen FL* DELTONA, FL 32725  
*32764*

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0896674 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

GALATI, STEPHEN  
~~1208 VOYAGER ST~~ *207 Black Lk Rd*  
~~DELTONA, FL 32725~~ *Osteen FL 32764*

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GALATI, STEPHEN
STREET ADDRESS	207 BLACKLAKE RD.
CITY-ST-ZIP	<del>LAKE MARY, FL 32746</del> <i>Osteen FL 32764</i>
TITLE	VP
NAME	<del>GALATI, ANGELA</del> <i>I</i>
STREET ADDRESS	207 BLACKLAKE RD.
CITY-ST-ZIP	<del>LAKE MARY, FL 32746</del> <i>Osteen FL 32764</i>
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 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: *Stephen Galati* 1-24-05 407 448 1950

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