

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M76448

**Entity Name:** GALANTE ROOFING, INC.

**Current Principal Place of Business:**

C/O RANDEE B. GALANTE  
501 WEST PLACE  
NAPLES, FL 34108

**Current Mailing Address:**

C/O RANDEE B. GALANTE  
501 WEST PLACE  
NAPLES, FL 34108

**FEI Number:** 65-0044814

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GALANTE, RANDEE BSECT/TR  
501 WEST PLACE  
NAPLES, FL 34108 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                  | Title           | D                 |
| Name            | GALANTE, VINCENT D | Name            | GALANTE, RANDEE B |
| Address         | 501 WEST PLACE     | Address         | 501 WEST PLACE    |
| City-State-Zip: | NAPLES FL 34108    | City-State-Zip: | NAPLES FL 34108   |

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RANDEE B. GALANTE

**SECT/TREAS.**

**03/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date