2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2006 8:00 am
Secretary of State
03-20-2006 90011 037 ***150.00

DOCUMENT # 218707

1. Entity Name
GALLO INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
11380 PROSPERITY FARMS RD #103 P O BOX 32099 PALM BCH GARDENS, FL 33420	11380 PROSPERITY FARMS RD #103 P O BOX 32099 PALM BCH GARDENS, FL 33420

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02132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5713 Corporate Way	P.O. Box 10549
Suite, Apt. #, etc. Suite #100	Suite, Apt. #, etc.
City & State West Palm Beach, FL	City & State Riviera Beach, FL
Zip 33407 Country USA	Zip 33419 Country USA

4. FEI Number 59-0948047 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GALLO, ROBERT L.
2439 INLAND COVE ROAD
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] Robert L. Gallo 3/16/2006
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLO, ROBERT L 2439 INLAND COVE RD PALM BCH GARDENS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 3/27/06 561 694 1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #