


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90093 014 ***150.00

DOCUMENT # 606908			
1. Entity Name EL GALEON BY THE SEA, INC.			
Principal Place of Business 1765 GULF BLVD ENGLEWOOD, FL 34223		Mailing Address 9388 ST. CATHERINE AVE. ENGLEWOOD, FL 34224	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 160 Stanford DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ENGLEWOOD, FL 34223	
Zip	Country	Zip	Country
34223	USA	34223	USA
4. FEI Number 59-2070881		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE PALMA, JOHANNA 9388 ST. CATHERINE AVE. ENGLEWOOD, FL 34224		7. Name and Address of New Registered Agent Name: JOE M Durham Street Address (P.O. Box Number is Not Acceptable): 160 Stanford DR City: Englewood FL Zip Code: 34223	
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: <i>Johanna DePalma</i> - JOHANNA DEPALMA DATE: 4/18/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P DURHAM, JOE M. 160 STANFORD DRIVE ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEPALMA, JOHANNA 9388 ST. CATHERINE AVE. ENGLEWOOD, FL 34224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Kim Durham <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 160 Stanford DR ENGLEWOOD, FL. 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENTH, LAVONNE 1840 GULF BLVD. ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Joe M. Durham</i>		Date: 4/15/08 941 270 2750	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone *</small>	