2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000002457

1. Entity Name
GALADCO, INC.

Principal Place of Business	Mailing Address
263 LAKEVIEW RD EDGEMONT, AR 72044 US	263 LAKEVIEW ROAD EDGEMONT, AZ 72044 US

DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-1517568

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JARVIS, CHAD
6025 SW 250 ST.
NEWBERRY, FL 32669

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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: Chad Jarvis Chad Jarvis 4/27/06
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	PC
NAME	PORTER, DENNIS D
STREET ADDRESS	263 LAKEVIEW RD
CITY-ST-ZIP	EDGEMONT, AR 72044
TITLE	V
NAME	DOWNS, SHAWN
STREET ADDRESS	263 LAKEVIEW RD
CITY-ST-ZIP	EDGEMONT, AR 72044
TITLE	ST
NAME	JONES, JENNY
STREET ADDRESS	263 LAKEVIEW RD
CITY-ST-ZIP	EDGEMONT, AR 72044
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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05/16/06-80058-020 150.00

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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: 4/27/06 870-948-256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #