

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90255 048 ***150.00

DOCUMENT # G01702

1. Entity Name
STEVE DELGALLO COMPANY, INC.



Principal Place of Business
**21 E GARDEN ST.
#200
PENSACOLA, FL 32501**

Mailing Address
**21 E GARDEN ST.
#200
PENSACOLA, FL 32501**

50041803



2. Principal Place of Business
4 LAGUNA STREET

3. Mailing Address
4 LAGUNA STREET

Suite, Apt. #, etc.
SUITE 201

Suite, Apt. #, etc.
SUITE 201

04152005 Chg-P CR2E034 (10/03)

City & State
FORT WALTON BEACH, FL

City & State
FORT WALTON BEACH, FL

4. FEI Number
59-2216235

Applied For
Not Applicable

Zip
32548

Country
USA

Zip
32548

Country
USA

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

6. Name and Address of Current Registered Agent
**DEL GALLO, STEVEN P.
21 E GARDEN ST.
SUITE 200
PENSACOLA, FL 32501**
**4 Laguna St., Ste. 201
Fort Walton Beach, FL 32548**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEL GALLO, STEVEN P. ☐ Delete
STREET ADDRESS 890 WOODBINE DR.
CITY-ST-ZIP PENSACOLA, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME DEL GALLO, STEVEN P.
STREET ADDRESS 4 LAGUNA STREET, SUITE 201
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: STEVEN P. DEL GALLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05 (800) 301-0179

Date Daytime Phone #