

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90092 016 ***150.00

DOCUMENT # G32821

1. Entity Name

GAL ENTERPRISES OF TAMPA, INC.



Principal Place of Business

707 FRANKLIN ST MALL, 8TH FL
TAMPA THEATRE BUILDING
TAMPA, FL 33602

Mailing Address

707 FRANKLIN ST MALL, 8TH FL
TAMPA THEATRE BUILDING
TAMPA, FL 33602



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2285805	Not Applicable

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

6. Name and Address of Current Registered Agent

LUND, JOHN E
707 FRANKLIN ST MALL, 8TH FL
TAMPA THEATRE BLDG
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LUND, GAYLE A
STREET ADDRESS	16303 SONSOLES DE AVILA
CITY-ST-ZIP	TAMPA, FL 33642 33613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Gayle A. Lund Gayle A. Lund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

813-224-9988

Daytime Phone #