2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 08:00 A Secretary of State

ANNUAL KEPUKI					Secretary of S		
(MENT # G33784				À	secretary of S	
1. Entity Nam GALLEOI	N PROPERTIES, INC.						
3 				7			
Principal Plac	e of Business A	Mailing Address	·! ·				
1510 S TUTT SARASOTA, F		1510 S TUTTLE AVE Sarasota, Fl 34239					
JAIMSOTA, I	1. 31233	Shirthorn, I'L STEGS		(
l I				0000007	No Cha D	OD0E034 (44(DE)	
Г	O NOT WRITE I	CF	02082007	No Chg-P ———————	CR2E034 (11/05)		
DO NOT WRITE IN TIME OF A				4. FEI Number 59-2700		Applied For Not Applicable	
			, , ,	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	stered Agent	J	н. л		res Keduliau	
LETSCHERT, TRUDO TH M				D	NI () T 147	DITE	
1510 S TUTTLE AVE				טע	NOT W	KIIE	
SARASOTA, FL 34239				IN T	THIS SP	ACE	
				_			
	named entity submits this statement for the	purpose of changing its register	ed office or regis	stered agent, or both	n, in the State of Flo	rida. I am familiar with, and accept	
the obligat	tions of registered agent.					,	
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable (NOTE: Registere	nd Agant signature requ	uired when reinstating)		DATE	
,	· · · · · · · · · · · · · · · · · · ·	A Sharkar Camarina Dav					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				55.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS	1	······································			
TITLE NAME	PTDS LETSCHERT, TRUDO TH. M.		1				
STREET ADDRESS	1510 S TUTTLE AVE		i				
CITY-ST-ZIP	SARASOTA, FL		-}				
NAME] ,		U00000	64914S	
STREET ADDRESS			1 .		03/07/07-	80037-016 150.00	
TITLE			1				
NAME			Ì				
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE			1	ר או	THIS SF	ACF	
NAME STREET ADDRESS				"		AUL	
CITY-ST-2IP			1		,		
TITLE			1.	٠.			
NAME STREET ADDRESS	• •	•	h				

12. I hereby certify that the information supplied with this filling does not quality 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:

CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS:
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #