

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90009 014 ***158.75

DOCUMENT # G51697

1. Entity Name

GALLONS & SONS MECHANICAL, INC.



Principal Place of Business

**905 GAMBEL ST.
TALLAHASSEE FL 32310**

Mailing Address

**P.O. BOX 2785
TALLAHASSEE FL 32316**

2. Principal Place of Business

905 Gamble Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2416480**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLON, EDDIE, SR.
1677 JAYDELL CR.
TALLAHASSEE FL 32316**

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

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **EDDIE L. GALLON, SR**
STREET ADDRESS **905 GAMBEL STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
NAME **905 Gamble Street**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **EDDIE L. GALLON, JR.**
STREET ADDRESS **2996 BARON LANE**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **VP** ☐ Delete
NAME **LEROY GALLON**
STREET ADDRESS **RT 2 BOX 151-G**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☒ Change ☐ Addition
NAME **1554 Lake Avenue Apt.#205**
STREET ADDRESS **Tallahassee, FL 32310**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/04

(850) 222-4329

Date

Daytime Phone #