Sent By: JAMES MOORE & CO.; 8504222074; Ap

**FILED**
**May 03, 2005 8:00 am**
**Secretary of State**
05-03-2005 90122 047 ***158.75

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G51697

1. Entity Name
GALLONS & SONS MECHANICAL, INC.

Principal Place of Business
905 GAMBLE STREET
TALLAHASSEE, FL 32310

Mailing Address
P.O. BOX 2785
TALLAHASSEE, FL 32316

**DO NOT WRITE IN THIS SPACE**

04292005 No Chg-P CR2E034 (10/03)

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

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

**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: Eddie T. Gallon II
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, 2005 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | C |
| NAME | EDDIE L. GALLON, SR |
| STREET ADDRESS | 905 GAMBLE STREET |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | P |
| NAME | EDDIE L. GALLON, JR. |
| STREET ADDRESS | 2996 BARON LANE |
| CITY-ST-ZIP | TALLAHASSEE, FL |
| TITLE | VP |
| NAME | LEROY GALLON |
| STREET ADDRESS | 1554 LAKE AVENUE APT. #205 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32310 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| 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 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:** Eddie T. Gallon II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #