2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14659

Name:

Address:

City-St-Zip:

DEPALMA, EMIL C.

9388 ST. CATHERINE AVE.

ENGLEWOOD, FL 34224

FL GALEON UTILITY COMPANY INC

FILED Mar 30, 2009 Secretary of State

Entity Nai	ne: EL GALE	ON UTILITY COMPANY, INC	Э.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1770 GULI ENGLEW	F BLVD DOD, FL 3422	3 US				
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
9388 ST. CATHERINE AVE. ENGLEWOOD, FL 34224 US				1099 BAY HARBOR DRIVE ENGLEWOOD, FL 34224 US		
FEI Number:	: 59-2471466	FEI Number Applied For ()	FEI Number Not Appl	icable () Ce	ertificate of Status Desi	red()
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
9388 ST.C ENGLEW The above	, JOHANNA R ATHERINE AV DOD, FL 3422 named entity see of Florida.	/E.	e purpose of changing i	ts registered office	e or registered agen	t, or both,
SIGNATUR						
	Electron	ic Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () GENTH, LAVON 1840 GULF BLY ENGLEWOOD,	/D.	Title: Name: Address: City-St-Zip:	VP (X) Ch GENTH, LAVONNE 1840 GULF BLVD. ENGLEWOOD, FL	ange () Addition	
Title: Name: Address: City-St-Zip:	P () DEPALMA, JOH 9388 ST.CATHE ENGLEWOOD,	ERINE AVE.	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title:	ST ()	Delete	Title:	() Cha	ange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LAVONNE GENTH VP 03/30/2009