

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007338

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: U.S. 17 GALLERIA, INC.

**Current Principal Place of Business:**

5260 DUNCAN ROAD  
UNIT 6  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

5260 DUNCAN ROAD  
UNIT 6  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 20-5162605      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOTITZKY, EDWARD L  
223 TAYLOR STREET  
PUNTA GORDA, FL 33950      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD      ( ) Delete  
Name: KARLSTEDT, MAGNUS  
Address: 7055 CLEVELAND DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VSD      ( ) Delete  
Name: KARLSTEDT, MARTHA  
Address: 7055 CLEVELAND DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D      ( ) Delete  
Name: LEMUS, OVIDIO  
Address: 7055 CLEVELAND DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGNUS H KARLSTEDT

P

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date