2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146788

1. Entity Name
GALANTE'S MOTT STREET, INC.

40047687

Principal Place of Business	Mailing Address
5012 US 19TH NORTH NEW PORT RICHEY, FL 34652	5012 US 19TH NORTH NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

.03102005   No.Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
58-2678407	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALANTE, DENISE
5012 US 19TH NORTH
NEW PORT RICHEY, FL 34652

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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, 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	D
NAME	GALANTE, DENISE
STREET ADDRESS	5012 US 19TH NORTH
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Denise Galante_ 4/1/05   844-3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #