2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/11/2005-90046-030-$158.75-$158.75 *
8/25/2005-90002-041-$158.75-$158.75

FILED
05 SEP 19 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50063310

1st MOORE CR2E034 (10/04)

DOCUMENT # P04000024025

1. Entity Name
G.A.L. ENTERPRISE INC

Principal Place of Business	Mailing Address
729 S BUENA VISTA DR LAKE ALFRED FL 33850	729 S BUENA VISTA DR LAKE ALFRED FL 33850

2. Principal Place of Business	3. Mailing Address
225 W SANFORD ST	P.O. Box 38
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE ALFRED FL.	City & State: LAKE ALFRED FL
Zip: 33850 County: POLK	Zip: 33850 County: POLK

4. FEI Number: 20-0734188 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, GONZALO
729 S BUENA VISTA DR
LAKE ALFRED FL 33850

7. Name and Address of New Registered Agent

Name: GONZALO GONZALEZ
Street Address (P.O. Box Number is Not Acceptable): 225 W SANFORD ST
City: LAKE ALFRED FL Zip Code: 33850

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 ________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALEZ, GONZALO 729 S BUENA VISTA DR LAKE ALFRED FL 33850	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALO GONZALEZ 225 W SANFORD ST LAKE ALFRED FL 33850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ________________________ 2/3/05 (863)557-3725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #