


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000056611
 1. Entity Name
GALLEGOS MELONS, INC.



Principal Place of Business Mailing Address
4201 OAK HAVEN LANE **4201 OAK HAVEN LANE**
LABELLE, FL 33935 **LABELLE, FL 33935**



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
54-2148478 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALLEGOS, JOHN J JR
4201 OAK HAVEN LANE
LABELLE, FL 33935

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000522025
 05/03/06-80014-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLEGOS, JOHN J
STREET ADDRESS	4201 OAK HAVEN LANE
CITY - ST - ZIP	LABELLE, FL 33935
TITLE	VP
NAME	GALLEGOS, TANYA M
STREET ADDRESS	4201 OAK HAVEN LANE
CITY - ST - ZIP	LABELLE, FL 33935
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 exemptions contained 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 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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/18/06 2863 517
 Date Office Phone #