## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000145199

Entity Name: GALLO PLUMBING SERVICES, INC.

FILED Aug 16, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5600 BENTGRASS DR. 117 2631 SUNCREST DRIVE SARASOTA, FL 34235 SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

5600 BENTGRASS DR. 117 2631 SUNCREST DRIVE SARASOTA, FL 34235 SARASOTA, FL 34239

FEI Number: 20-3711360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GALLO, JASON
5600 BENTGRASS DR. 117
SARASOTA, FL 34235 US
GALLO, JASON
2631 SUNCREST DRIVE
SARASOTA, FL 34239 US

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: 08/16/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 GALLO, JASON P
 Name:
 GALLO, JASON P

 Address:
 5600 BENTGRASS DR. 117
 Address:
 2631 SUNCREST DRIVE

 City-St-Zip:
 SARASOTA, FL 34235
 City-St-Zip:
 SARASOTA, FL 34239

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 NORTON, BRUCE M JR
 Name:

 Address:
 1729 LARAMIE STREET
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

Title: TR () Delete Title: () Change () Addition

 Name:
 GALLO, DIANA C
 Name:

 Address:
 4447 RAYFIELD DRIVE
 Address:

 City-St-Zip:
 SARASOTA, FL 34243
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA C D GALLO TR 08/16/2007