## **FILED** Jun 06, 2007 8:00 am Secretary of State 05-04-2007 90092 007 \*\*\*150.00

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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P06000091830  1. Entity Name GALLEGOS TRUCKING & HARVESTING, INC.   |   |                                |                |   |                                  |                         |                               |                           |                |  |                           |
|--|---|--------------------------------|----------------|---|----------------------------------|-------------------------|-------------------------------|---------------------------|----------------|--|---------------------------|
| Principal Place of Business 590 EVANS ROAD LABELLE, FL 33935 US  |   |                                |                | Mailing Address<br>590 EVANS ROAL<br>LABELLE, FL 33 |                                  |                         | I ITEMPERA                    | N ARKII AKA BEKII ESTI ES | N 88773 (U/U)  | ###################################### | 172 H 28 A                |
| 2. Principal Place of Business - No P.O. Box #   |   |                                |                | 3. Mailing Address                                  |                                  |                         |                               |                           |                |  |                           |
| Suite, Apt. #, etc.  |   |                                |                | Suite, Apt. #, etc.                                 |                                  |                         | 02132007                      | Chg-P                     | CR2E           | 034 (12/06)                            |                           |
| City & State   |   |                                |                | City & State  |                                  |                         | 4. FEI Numb                   | <u> 53 269</u>            | 16             | <u> </u>                               | plied For<br>X Applicable |
| Zip  |   | Country                        |                | Zip   | Coun                             | ilry                    | 5. Certificate                | of Status Desired         |                | \$8.75 Add                             |                           |
|  | 6. Name                                 | and Address of (               | Current Re     | egistered Agent                                     |                                  | Name                    | 7. Name an                    | d Address of New F        | tegistered     | Agent                                  |                           |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301   |   |                                |                |   |                                  |                         | is (P.O. Bax Numb             | per is Not Acceptable     | <del>3</del> ) |  |                           |
|  |   |                                |                |   |                                  | City                    |                               |                           | FI             | Zip Cod                                | 9                         |
| 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 registr     | ered agent and | I title if applicable.                              | (NOTE: Registere                 | d Agent signature requ  | ered when remuzeing)          | -                         | DATE           |  |                           |
|  |   | FEE IS \$150.<br>7 Fee will be |                |   | ampaign Finar<br>d Contribution. |                         | 55.00 May Be<br>added to Fees |                           |                |  |                           |
| 10.  | ₩. y                                    | OFFICE                         | RS AND DI      | RECTORS   | 11.                              |                         | ADDITIONS                     | L<br>/CHANGES TO OFF      | ICERS AN       | D DIRECTOR:                            | 3 IN 11                   |
| THUE   | D Del                                   |                                |                |   | INTLE                            | i                       |                               |                           |                | Change                                 | ☐ Addition                |
| NAME<br>STREET ADDRESS   | GALLEGOS, JOHN S<br>DRSS 590 EVANS ROAD |                                |                |   |                                  | E1 ADORESS              |                               |                           |                |  |                           |
| CITY-ST-ZIP  |   | , FL 33935                     |                |   |                                  | -SI-ZIP                 |                               |                           |                |  |                           |
| TRILE  | D Delgte                                |                                |                |   |                                  |                         |                               |                           |                | Change                                 | Addition                  |
| NAME   | GALLEGOS, HELEN P                       |                                |                |   | NAM                              | -                       |                               |                           |                |  | ļ                         |
| STREET ADORESS CITY-ST-ZIP   | 1                                       |                                |                |   |                                  | E1 ADDRESS<br>- ST- ZIP |                               |                           |                |  |                           |
| TITLE  | D Delete                                |                                |                |   |                                  |                         |                               |                           |                | Change                                 | Addition                  |
| NAME   | GALLEGOS, JOHN J                        |                                |                |   |                                  | Ε                       |                               |                           |                |  |                           |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                |                |   |                                  | ET ADORESS<br>S1-ZIP    |                               |                           |                |  |                           |
| TITLE -  | DADELLE                                 | , 1 € 03830                    |                | Deterie   |                                  |                         |                               |                           |                | ☐ Change                               | Addition                  |
| NAME   | ]                                       |                                |                | L Deskie  | NAME                             | į.                      |                               |                           |                |  |                           |
| STREET ADDRESS   |   |                                |                |   |                                  | ET ADORESS              |                               |                           |                |  |                           |
| CITY-SI-ZIP  |   |                                |                |   |                                  | - ST - ZIP              |                               |                           |                | Channe                                 | ☐ Addition                |
| TITLE  | ŀ                                       |                                |                | ☐ Delete  | iiile<br>Nami                    |                         |                               |                           |                | Change                                 |                           |
| STREET ADDRESS   | ļ                                       |                                |                |   | STRE                             | ET ADDRESS              |                               |                           |                |  |                           |
| CITY-ST-ZIP  |   |                                |                |   |                                  | - 51 - 719              |                               |                           |                |  |                           |
| TITELE<br>NAME   |   |                                |                | ☐ Detete  | . TITLE                          | 1                       |                               |                           |                | ☐ Change                               | Addition                  |
| STREET ADDRESS   |   |                                |                |   |                                  | ET ADDRESS              |                               |                           |                |  |                           |
| CITY-S1-ZIP  |   |                                |                |   | ÇITY                             | -SI-21P                 |                               |                           |                |  |                           |
| 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 opporation 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 allepter like empowered. |   |                                |                |   |                                  |                         |                               |                           |                |  |                           |
| 11 - 12 TAILALE 2000 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   |   |                                |                |   |                                  |                         |                               |                           |                |  | ולופטרו                   |
| SIGNAT   | URE:                                    | wester!                        | 11             | MULLER  | 116                              | 761 I (                 | <u> 2011640</u>               | $\frac{3}{2}$             | 1101           | الص                                    | 010 104 K                 |