

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000073921

1. Entity Name
GALLO HOUSE I, INC.



Principal Place of Business
9110 STAR TRAIL
NEW PORT RICHEY, FL 34654

Mailing Address
9110 STAR TRAIL
NEW PORT RICHEY, FL 34654

FILED
Apr 28, 2008 08:00 AM
Secretary of State



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3205768

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SELG, SUSAN
6926 BRAMBLEWOOD DR
PT RICHEY, FL 34668

**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

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, 2008 Fee will be \$550.00

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

U00000929098

05/21/08-80056-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	SELG, SUSAN
STREET ADDRESS	6926 BRAMBLEWOOD DR
CITY-ST-ZIP	PT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

Days Phone #

(727) 868-3627