

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 012 ***150.00

DOCUMENT # P96000069270

1. Entity Name

GALT INDUSTRIES INC.



Principal Place of Business

286 - 107TH AVENUE
TREASURE ISLAND FL 33706
US

Mailing Address

138 107TH AVENUE SUITE 334
TREASURE ISLAND FL 33706
US



2. Principal Place of Business

6827 First Ave South

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

St. Petersburg

City & State

4. FEI Number

59-3413666

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWNE, ALYN LEE III
286 - 107TH AVENUE
TREASURE ISLAND FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

138 107th Avenue Suite 334

City

Treasure Island

FL

Zip Code

33706

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

Alyn Towne III President

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, 2006 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	TOWNE, ALYN III	
STREET ADDRESS	286 - 107TH AVENUE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	138 107th Ave Suite 334	
STREET ADDRESS	Treasure Island FL 33706	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alyn Towne III President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06

Date

727 384-5555

Daytime Phone #