2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 25, 2005 08:00 AM Secretary of State DOCUMENT # P98000055506 1. Entity Name GALLO & ASSOCIATES, INC. Principal Place of Business Mailing Address 5073 BLUE ASH AVE. SARASOTA FL 34241 5073 BLUE ASH AVE. SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0846795 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLO, ALBERT M 11 SUNSET DRIVE Street Address (P.O. Box Number is Not Acceptable) APT . 605 SARASOTA FL 34236 City Zip Code FL 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. ! am familiar with, and accept the obligations of registered agent. Signature, typud or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5,00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00. Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete UTLE Change Addition GALLO, ALBERT M NAME U00000377006 5073 BLUE ASH AVENUE STREET ADDRESS STREET ADDRESS. 08/25/05-80001-010 550.00 SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP VPSD THUE ☐ Delete HILE Change ☐ Addition GALLO, RACHEL L MAME MAME STREET ADDRESS 5073 BLUE ASH AVENUE STREET ADDRESS CHY-ST-7IP SARASOTA FL 34241 UTY-ST-ZIP ☐ Delete Change ☐ Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CiTY+S1-7/P CHY-ST-21P ☐ Change TITLE ☐ Delete TUTLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP THUE ☐ Change HILL ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ACORLSS CHY-ST 21P City-St-ZiP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes 1 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 of 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:

GNAMERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/05

(94)922-0835

FILED