

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000081144

1. Entity Name

EAU GALLIE PARTNERS, INC.



Principal Place of Business

3490 KENT DR
MELBOURNE, FL 32935

Mailing Address

3490 KENT DR
MELBOURNE, FL 32935



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3536083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORENGASSER, MARCUS
3490 KENT DR
MELBOURNE, FL 32935

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RENFRO, ROBERT M
STREET ADDRESS P.O. BOX 410247 N/A
CITY-ST-ZIP MELBOURNE, FL 329410247

TITLE PD
NAME BORENGASSER, MARCUS
STREET ADDRESS 3490 KENT DR
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE PD
NAME BRANDON, TOM
STREET ADDRESS 4326 DAVIDIA DRIVE
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000539510
05/09/06-80103-007 150.00

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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

Date

Daytime Phone #

4/23/06 321 242-6336