


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000110466  
 1. Entity Name  
 GALLO'S LAWN MAINTENANCE, INC.



Principal Place of Business  
 217 HOLIDAY LANE  
 WINTER SPRINGS, FL 32708

Mailing Address  
 217 HOLIDAY LANE  
 WINTER SPRINGS, FL 32708

**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3627656

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GALLO, RONALD J  
 217 HOLIDAY LANE  
 WINTER SPRINGS, FL 32708

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	GALLO, RONALD J
STREET ADDRESS	217 HOLIDAY LANE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	GALLO, MARCIA A
STREET ADDRESS	217 HOLIDAY LANE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000312147  
 04/18/05-80074-007 150.00

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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. 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: Ronald Gallo - RONALD GALLO - President Date: 407-327-2153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR