

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000059493

**Entity Name:** GALLO AND RUSSELL, INC.

**Current Principal Place of Business:**

3188 SUNTREE BLVD  
ROCKLEDGE, FL 32955

**FILED**  
**Feb 13, 2015**  
**Secretary of State**  
**CC2868135220**

**Current Mailing Address:**

3188 SUNTREE BLVD  
ROCKLEDGE, FL 32955

**FEI Number: 59-3650610**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GALLO, GINA M  
3900 POSTRIDGE TRAIL  
MELBOURNE, FL 32934 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name GALLO, GINA M  
Address 3900 POSTRIDGE TRAIL  
City-State-Zip: MELBOURNE FL 32934

Title VP  
Name RUSSELL, DALE  
Address 2455 WILDWOOD DR  
City-State-Zip: MELBOURNE FL 32535

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GINA GALLO**

**PRES**

**02/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date