2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000095195

1. Entity Name
GALLAGHER P.M., INC.

Principal Place of Business	Mailing Address
905 NORTHWEST 10TH STREET BOYNTON BEACH, FL 33426	905 NORTHWEST 10TH STREET BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

03162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0579105	Not Applicable

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

6. Name and Address of Current Registered Agent

GALLAGHER, PHILIP
905 N.W. 10TH STREET
BOYNTON BEACH, FL 33426

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000672568 03/28/07-80074-015 150.00

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GALLAGHER, PHILIP M 905 NORTHWEST 10TH STREET BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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: Philip Gallagher   3-16-07   561-704-2196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #