
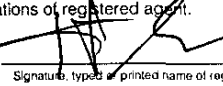
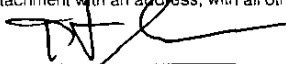


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90093 049 ***150.00

DOCUMENT # 292172 1. Entity Name PHIL C. GALLAGHER, INC.					
Principal Place of Business 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122 US			Mailing Address 770 PALM BAY LANE, #8-F MIAMI, FL 33138 US		
2. Principal Place of Business - No P.O. Box # 150 West Flagler Street		3. Mailing Address 150 West Flagler Street			
Suite, Apt. #, etc. Suite 2200		Suite, Apt. #, etc. Suite 2200			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 59-1092647	
Zip 33130		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLAGHER, PHIL C 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122			7. Name and Address of New Registered Agent Name Robert E. Gallagher, Jr. Street Address (P.O. Box Number is Not Acceptable) 150 West Flagler Street Suite 2200 City Miami FL Zip Code 33130		
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  Robert E. Gallagher, Jr. 1/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALLAGHER, PHIL C 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, VIVIEN E 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Scott, Vivien E. 621 McLendon Street Ashburn, GA 31714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESSIG, PAMELA 2500 NW 79TH AVE., STE 101 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Lessig, Pamela 19 Glen Cove Road Arden, NC 28704 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Gallagher, Robert E. Jr. 150 West Flagler Street, Suite 2200 Miami, FL 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  Robert E. Gallagher, Jr. 1/19/07 305-789-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 292172

1. Entity Name
PHIL C. GALLAGHER, INC.



ATTACHMENT

60011276

Principal Place of Business
2500 NW 79TH AVE., STE 101
MIAMI, FL 33122 US

Mailing Address
770 PALM BAY LANE, #8-F
MIAMI, FL 33138 US

2. Principal Place of Business - No P.O. Box #
150 West Flagler Street
Suite, Apt. #, etc.
Suite 2200

3. Mailing Address
150 West Flagler Street
Suite, Apt. #, etc.
Suite 2200

01192007 Chg-P CR2E034 (12/06)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
59-1092647

Applied For
Not Applicable

Zip
33130

Country
US

Zip
33130

Country
US

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

6. Name and Address of Current Registered Agent

GALLAGHER, PHIL C
2500 NW 79TH AVE., STE 101
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name
Robert E. Gallagher, Jr.
Street Address (P.O. Box Number is Not Acceptable)
150 West Flagler Street
Suite 2200
City
Miami FL Zip Code
33130

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
GALLAGHER, PHIL C
2500 NW 79TH AVE., STE 101
MIAMI, FL 33122 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SCOTT, VIVIE E
2500 NW 79TH AVE., STE 101
MIAMI, FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LESSIG, PAMELA
2500 NW 79TH AVE., STE 101
MIAMI, FL 33122 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Scott, Vivien E.
621 McLendon Street
Ashburn, GA 31714 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Lessig, Pamela
19 Glen Cove Road
Arden, NC 28704 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
Gallagher, Robert E. Jr.
150 West Flagler Street, Suite 2200
Miami, FL 33130 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #

Robert E. Gallagher, Jr.

1/19/07

305-789-3300