


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90330 005 \*\*\*150.00

<b>DOCUMENT # 520216</b> 1. Entity Name <b>GALLAGHER AND O'MARA, INC.</b>					
Principal Place of Business <b>2129 NE 67 STREET</b> <b>FORT LAUDERDALE, FL 33308 US</b>			Mailing Address <b>2129 NE 67 STREET</b> <b>FORT LAUDERDALE, FL 33308 US</b>		
2. Principal Place of Business <b>2079 NE 54 Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>2079 NE 54 Ct</b> Suite, Apt. #, etc.			
City & State <b>Fort Lauderdale, FL</b> Zip <b>33308</b>		City & State <b>Fort Lauderdale, FL</b> Zip <b>33308</b>		4. FEI Number <b>59-1745856</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MICHEL, PATRICIA M.</b> <b>2129 NE 67 ST</b> <b>FT. LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name <b>MARY E. LINNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2079 NE 54 Ct.</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33308</b>	
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 <u><i>Mary E. Linne</i></u> <b>MARY E. LINNE</b> <b>4.15.05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHEL, PATRICIA M. 2129 N.E. 67TH ST. FT. LAUDERDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINNE, MARY E. 2079 NE 54 CT FT. LAUDERDALE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Mary E. Linne</i></u> <b>MARY E LINNE</b> <b>4.15.05</b> <b>954-771-3491</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					