

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 520216

1. Entity Name

GALLAGHER AND O'MARA, INC.



Principal Place of Business

2079 NE 54TH CT
FORT LAUDERDALE, FL 33308 US

Mailing Address

2079 NE 54TH CT
FORT LAUDERDALE, FL 33308 US



04112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1745856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINNE, MARY E
2079 NE ST CT
FT. LAUDERDALE, FL 33308

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000906176
05/02/08-80011-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MICHEL, PATRICIA M.
STREET ADDRESS 2129 N.E. 67TH ST.
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE VD
NAME LINNE, MARY E.
STREET ADDRESS 2079 NE 54 CT
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

Mary E. Linne MARY E. LINNE

4.11.2008 954-771-3491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #