

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 580975

FILED
Jul 06, 2004
Secretary of State

Entity Name: GALLOWAY'S, CLEMENTS & ASSOCIATES, INC.

Current Principal Place of Business:

ROYAL PALM SQUARE
1400 COLONIAL BLVD. STE. 46
FT MYERS, FL 339071077

New Principal Place of Business:

Current Mailing Address:

ROYAL PALM SQUARE
1400 COLONIAL BLVD. STE. 46
FT MYERS, FL 339071077

New Mailing Address:

FEI Number: 59-1859643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, THERESA M.
4336 JAMI COURT
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CLEMENTS, THERESA M.,
Address: 4336 JAMI COURT
City-St-Zip: FT MYERS, FL 33901

Title: AVP () Delete
Name: DONALDSON, ANGELA M
Address: 5089 RUSSELL AVENUE
City-St-Zip: FORT MYERS, FL 33919

Title: AVP () Delete
Name: CLEMENTS, LOUIS M,
Address: 4336 JAMI CT
City-St-Zip: FT MYERS, FL 33901

Title: DC () Delete
Name: CLEMENTS, WILLIAM E.
Address: 4336 JAMI COURT
City-St-Zip: FORT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THERESA M. CLEMENTS

PTD

07/06/2004

Electronic Signature of Signing Officer or Director

Date