

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 580975**

1. Entity Name  
**GALLOWAY'S, CLEMENTS & ASSOCIATES, INC.**



Principal Place of Business  
**ROYAL PALM SQUARE  
1400 COLONIAL BLVD. STE. 46  
FT MYERS, FL 33907-1077**

Mailing Address  
**ROYAL PALM SQUARE  
1400 COLONIAL BLVD. STE. 46  
FT MYERS, FL 33907-1077**



07112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1859643**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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 of Theresa M. Clements]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**7-10-05**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AVP  
DONALDSON, ANGELA M  
5089 RUSSELL AVENUE  
FORT MYERS, FL 33919**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AVP  
CLEMENTS, LOUIS M  
4336 JAMI CT  
FT MYERS, FL 33901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DC  
CLEMENTS, WILLIAM E.  
4336 JAMI COURT  
FORT MYERS, FL**

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 exemption stated in Section 119.07(3)(f), 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 of William E. Clements]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-10-05**

DATE

Daytime Phone #

**239-936-1221**

000000372585  
07/13/05-80006-022 \$50.00

**DO NOT WRITE  
IN THIS SPACE**