

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


APPROVED
AND
FILED

06 NOV -7 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312006 Chg-P CR2E034 (11/05)

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1859643	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLEMENTS, THERESA M. 4336 JAMI COURT FT. MYERS, FL 33901			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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>Theresa M. Clements</u> (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PTD <input type="checkbox"/> Delete				
NAME	CLEMENTS, THERESA M.				
STREET ADDRESS	4336 JAMI COURT				
CITY-ST-ZIP	FT MYERS, FL 33901				
TITLE	AVP <input checked="" type="checkbox"/> Delete				
NAME	DONALDSON, ANGELA M				
STREET ADDRESS	5089 RUSSELL AVENUE				
CITY-ST-ZIP	FORT MYERS, FL 33919				
TITLE	AVP <input checked="" type="checkbox"/> Delete				
NAME	CLEMENTS, LOUIS M				
STREET ADDRESS	4336 JAMI CT				
CITY-ST-ZIP	FT MYERS, FL 33901				
TITLE	DC <input type="checkbox"/> Delete				
NAME	CLEMENTS, WILLIAM E.				
STREET ADDRESS	4336 JAMI COURT				
CITY-ST-ZIP	FORT MYERS, FL				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	Secretary/Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS	700091774077				
CITY-ST-ZIP	11/14/06--01073--014 **61.25				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Theresa M. Clements</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Theresa M. Clements, President					
Date _____ Daytime Phone # _____					