## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # F01000002560

GALLOWAY, ROMERO AND ASSOCIATES, INC.



Principal Place of Business

5350 DTC PARKWAY

GREENWOOD VILLAGE, CO 80111-3006

Mailing Address

5350 DTC PARKWAY

GREENWOOD VILLAGE, CO 80111-3006

## **FILED** Jan 31, 2005 08:00 AM Secretary of State



01132005

No Chg-P

CR2E034 (10/03)

4. FEI Number 84-1072642

Applied For Not Applicable

\$8.75 Additional X

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 15 MIAMI, FL 33156

## DO NOT WRITE IN THIS SPACE

		<u> </u>				
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered offic	e or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered egent and title	if applicable. (NOTE, Registered Agent s	ignature	required when reinstating)	DATE	
		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLOWAY, DAVID W 5350 DTC PARKWAY GREENWOOD VILLAGE, CO 801113006			000000206978 02/01/05-80026-009 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCALES, JOHN 5350 DTC PARKWAY GREENWOOD VILLAGE, CO 801113	1006				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JONES, DAVID L is 5350 DTC PARKWAY GREENWOOD VILLAGE, CO 801113006			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - \$1 - ZIP	GREENWOOD VILLAGE, CO 801113006  D SCHMIDTLEIN, CARL T					
ITTLE 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)(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 vustee 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:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

IG OFFICER OR DIRECTOR