


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90032 001 ***550.00
 08-25-2004 90032 002 *****8.75

DOCUMENT # F03000003665
 1. Entity Name
GALLIGAN ENTERPRISES INC.



Principal Place of Business: **27 HOWARD STREET PETALUMA, CA 94952**
 Mailing Address: **6017 PINE RIDGE ROAD, #153 NAPLES, FL 34119**

66432591



2. Principal Place of Business: **4930 12th Ave Sw**
 Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

08102004 Chg-P CR2E034 (10/03)

City & State: **NAPLES, FL**

4. FEI Number: **68-0353463**
 Applied For: Not Applicable

Zip: **34116** Country: **Collier**

5. Certificate of Status Desired: **-\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FELDEN, CHRISTIAN B ESQ
3838 TAMiami TRAIL N, STE. 416
NAPLES, FL 34103-3586

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	GALLIGAN, LYNN	
STREET ADDRESS	4930 12TH AVENUE S.W.	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	GALLIGAN, WILLIAM J	
STREET ADDRESS	4930 12TH AVENUE S.W.	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input 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		
TITLE		<input 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 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 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: *Lynn Galligan* President Date: **8/20/04** (239) 825 8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Galligan
Galligan Enterprises