

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003665
 1. Entity Name
GALLIGAN ENTERPRISES INC.



Principal Place of Business: 4930 12TH AVE SW, NAPLES, FL 34116
 Mailing Address: 6017 PINE RIDGE ROAD, #153, NAPLES, FL 34119



DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 68-0353463 Applied For: Not Applicable
 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

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
 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	DPS GALLIGAN, LYNN 4930 12TH AVENUE S.W. NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT GALLIGAN, WILLIAM J 4930 12TH AVENUE S.W. NAPLES, FL 34116
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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 Lynn Galligan President 4/20/05 234-348
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #