


**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      Mailing Address  
 4930 12TH AVE SW      6017 PINE RIDGE ROAD, #153  
 NAPLES, FL 34116      NAPLES, FL 34119



**DO NOT WRITE IN THIS SPACE**

04202005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>68-0353463</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file # applicable (NOTE Registered Agent signature required when reinstating)

**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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U00000342019  
 04/29/05-80039-008 158.75

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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 #