

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90022 002 \*\*\*150.00

**DOCUMENT # G31362**  
 1. Entity Name  
**GALLOWAY CARPET AND RUG CO., INC.**



Principal Place of Business      Mailing Address  
 2145 EDGEWOOD DRIVE E.      2145 EDGEWOOD DRIVE E.  
 LAKELAND, FL 33803 US      LAKELAND, FL 33803 US

00010347



**DO NOT WRITE IN THIS SPACE**

03222005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2259208</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**PRONK, FREDERICK J.**  
 2145 EDGEWOOD DRIVE E.  
 LAKELAND, FL 33803

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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	V OLIVER, TIMOTHY C 2207 PORT WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRONK, FREDERICK J 4833 HIGHLAND PLACE DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *Fred J. Pronk*      **FRED J. PRONK**      4-14-05      863-665-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #