


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # G39391 1. Entity Name THE J. GALLAGHER CORPORATION	
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Principal Place of Business 7539 HIGH RIDGE ROAD BOYNTON BCH, FL 33426	Mailing Address 7539 HIGH RIDGE ROAD BOYNTON BCH, FL 33426
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DO NOT WRITE IN THIS SPACE



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2284292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARINARO, MARYANN 7539 HIGH RIDGE RD. BOYNTON BCH, FL 33426	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GALLAGHER, JAMES F. 7539 HIGH RIDGE RD. BOYNTON BCH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARINARO, MARYANN 7539 HIGH RIDGE RD. BOYNTON BCH, FL 33426
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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)(f), 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: *Maryann Marinaro* **MARYANN MARINARO** 5/5/05 561-386-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #