2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H77618

1. Entity Name
GALLAGHER BUILDING CORPORATION

-50021096

02152005   No Chg-P   CR2E034 (10/03)

Principal Place of Business
~~2685 MEADOWOOD DR~~
~~FT LAUDERDALE, FL 33332   US~~
3515 Windmill Ranch Rd
Weston, Fl 33331

Mailing Address
~~2685 MEADOWOOD DR~~
~~FT LAUDERDALE, FL 33332   US~~
P.O Box 268668
Weston FL 38326

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2577596	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

GLLAGHER, ROBERT
3515 WINDMILL RANCH RD
WESTON, FL 33331

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]_ L. Gallagher   2/24/05

Signature, typed or printed name of registered agent and title if applicable.   (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

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10.   OFFICERS AND DIRECTORS

TITLE	V
NAME	GALLAGHER, ROBERT
STREET ADDRESS	3515 WINDMILL RANCH RD.
CITY-ST-ZIP	WESTON, FL 33331

TITLE	P
NAME	GALLAGHER, LORETTA 3515 Wind Hill Ranch Rd
STREET ADDRESS	~~2682 MEADOWOOD DR~~
CITY-ST-ZIP	~~FT LAUDERDALE, FL~~ Weston, Fl 3333

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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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: _[signature]_ L. Gallagher 2/25/05   954 384 6162

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