


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90004 021 \*\*\*550.00

<b>DOCUMENT # J24625</b> 1. Entity Name <b>GALLOPS, INC.</b>					
Principal Place of Business <b>11500 PILOT COUNTRY DR SPRING HILL, FL 34639</b>			Mailing Address <b>8445 FLAGSTONE DR TAMPA, FL 33615</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>4623 BAYCREST DR</b> Suite, Apt. #, etc.		
City & State Zip      Country			City & State <b>TAMPA, FL 33615</b> Zip      Country <b>33615      USA</b>		
4. FEI Number <b>59-3001812</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>GALLOPS, KEITH 8445 FLAGSTONE DR TAMPA, FL 33615</b>			7. Name and Address of New Registered Agent Name <b>GALLOPS, DEWEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>4623 BAYCREST DR</b> City <b>TAMPA</b> FL      Zip Code <b>33615</b>		
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 <u><i>Myrle B. Gallops</i></u> <b>MYRLE B. GALLOPS</b> <u><i>May 31, 06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLOPS, DEWEY E. 4623 BAYCREST DR TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLOPS, KEITH 8445 FLAGSTONE DR TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GALLOPS, MYRLE 4623 BAYCREST DR TAMPA, FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Deany E Gallops</i></u> <b>DEANY E GALLOPS</b> <u><i>May 31, 2006</i></u> <u><i>813-996-7831</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

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