

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11875

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: LAWNS BY SHAWN GALLOWAY, INC.

## Current Principal Place of Business:

% SHAWN GALLOWAY  
700 CLEVELAND AVE  
TITUSVILLE, FL 32780

## New Principal Place of Business:

% ROBERT GALLOWAY  
3825 AURANTIA ROAD  
MIMS, FL 32754

## Current Mailing Address:

% SHAWN GALLOWAY  
700 CLEVELAND AVE  
TITUSVILLE, FL 32780

## New Mailing Address:

% ROBERT GALLOWAY  
3825 AURANTIA ROAD  
MIMS, FL 32754

FEI Number: 59-2959293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLOWAY, PATRICK S  
700 CLEVELAND AVE  
TITUSVILLE, FL 32780 US

## Name and Address of New Registered Agent:

GALLOWAY, ROBERT S PD  
3825 AURANTIA ROAD  
MIMS, FL 32754 US

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.

SIGNATURE: ROBERT GALLOWAY

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GALLOWAY, SHAWN,  
Address: 3825 AURANTIA ROAD  
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete  
Name: GALLOWAY, PATRICIA  
Address: 3825 AURANTIA ROAD  
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete  
Name: GALLOWAY, ROBERT  
Address: 700 CLEVELAND STREET  
City-St-Zip: TITUSVILLE, FL 32780

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GALLOWAY, ROBERT S PRES.  
Address: 3825 AURANTIA ROAD  
City-St-Zip: MIMS, FL 32754

Title: D (X) Change ( ) Addition  
Name: GALLOWAY, PATRICIA M  
Address: 3825 AURANTIA ROAD  
City-St-Zip: MIMS, FL 32754

Title: D (X) Change ( ) Addition  
Name: GALLOWAY, PATRICK S  
Address: 3825 AURANTIA ROAD  
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GALLOWAY

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date