

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004224

Entity Name: JUDY GALLAGHER, CPA, PA

FILED  
Apr 26, 2009  
Secretary of State

## Current Principal Place of Business:

405 E STRAWBRIDGE AVE  
STE C  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

4835 TERRAPIN CT.  
MELBOURNE BEACH, FL 32951

## New Mailing Address:

405 E STRAWBRIDGE AVE  
STE C  
MELBOURNE, FL 32901

FEI Number: 59-3616448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JUDY GALLAGHER CPA  
4835 TERRAPIN COURT  
MELBOURNE BEACH, FL 32951 US

## Name and Address of New Registered Agent:

GALLAGHER, JUDY L  
4835 TERRAPIN COURT  
MELBOURNE BEACH, FL 32951 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: JUDY GALLAGHER

04/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDVS ( ) Delete  
Name: GALLAGHER, JUDY  
Address: 4835 TERRAPIN CT.  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T ( ) Delete  
Name: GALLAGHER, JUDY  
Address: 4835 TERRAPIN CT.  
City-St-Zip: MELBOURNE BEACH, FL 32951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDVS (X) Change ( ) Addition  
Name: GALLAGHER, JUDY L  
Address: 4835 TERRAPIN CT.  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T (X) Change ( ) Addition  
Name: GALLAGHER, JUDY L  
Address: 4835 TERRAPIN CT.  
City-St-Zip: MELBOURNE BEACH, FL 32951

I hereby certify that the information supplied with this filing does not qualify 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: JUDY GALLAGHER

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date