

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90782 042 ***150.00

DOCUMENT # P00000042783

1. Entity Name

GALLAGHER'S GARDENS, INC.



Principal Place of Business

494 SW HAWTHORNE TERRACE
FORT WHITE FL 32038

Mailing Address

PO BOX 1050
FORT WHITE FL 32038-1050

14010000



MOORE CR2E034 (11/03)

2. Principal Place of Business

18238 NW US HWY 441

3. Mailing Address

18238 NW US HWY 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

High Springs, Fla.

City & State

High Springs, Fla.

4. FEI Number

59-3652164

Applied For

Not Applicable

Zip

32643

Country

U.S.A.

Zip

32643

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, EDWARD
494 SW HAWTHORNE TERR.
FORT WHITE FL 32038

7. Name and Address of New Registered Agent

Name **Gallagher, Edward**
Street Address (P.O. Box Number is Not Acceptable)
18238 NW US HWY 441
City **High Springs** **FL** Zip Code **32643**

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLAGHER, DEBORAH	
STREET ADDRESS	494 SW HATHORNE TERR.	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALLAGHER, TARA	
STREET ADDRESS	494 SW HAWTHORNE TERR.	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE	S	<input type="checkbox"/> Delete
NAME	GALLAGHER, CHRISTINE	
STREET ADDRESS	494 SW HAWTHORNE TERR.	
CITY-ST-ZIP	FORT WHITE FL 32038	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallagher, Deborah	
STREET ADDRESS	48238 NW US HWY 441	
CITY-ST-ZIP	High Springs, Fla. 32643	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallagher, Tara	
STREET ADDRESS	18238 NW US HWY 441	
CITY-ST-ZIP	High Springs, Fla. 32643	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallagher, Christine	
STREET ADDRESS	18238 NW US HWY 441	
CITY-ST-ZIP	High Springs, Fla. 32643	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04

Date

386-454-7282

Daytime Phone #