

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90071 002 ***150.00

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1. Entity Name

GALLAGHER DEVELOPMENT CORP.



Principal Place of Business

2685 MEADOWOOD DRIVE
FT LAUDERDALE, FL 33332

Mailing Address

2685 MEADOWOOD DRIVE
FT LAUDERDALE, FL 33332

3515 Windmill Ranch Rd
Weston FL 33331
PO Box 268658
Weston FL 33326

50021099



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1048377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, LORETTA
3515 WINDMILL RANCH RD
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLAGHER, LORETTA
STREET ADDRESS	3515 WINDMILL RANCH RD.
CITY-ST-ZIP	WESTON, FL 33331
TITLE	V
NAME	Robert Gallagher
STREET ADDRESS	3515 Windmill Ranch Rd
CITY-ST-ZIP	Weston FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

L. Gallagher

2/24/05

Date

Daytime Phone #

954 384 6162