

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90050 002 ***150.00

DOCUMENT # P01000026053 1. Entity Name GALLAGHER SERVICES, INC.			
Principal Place of Business 11710 CYPRESS PARK ST. TAMPA, FL 33624		Mailing Address 11710 CYPRESS PARK ST. TAMPA, FL 33624	
2. Principal Place of Business 18213 Cypress Cove Lane Suite, Apt. #, etc.		3. Mailing Address 18213 Cypress Cove Lane Suite, Apt. #, etc.	
City & State Lutz, FL Zip 33549-5403		City & State Lutz, FL Zip 33549-5403	
4. FEI Number 59-3706561		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLAGHER, DENNIS 11710 CYPRESS PARK ST. TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Gallagher, Dennis Street Address (P.O. Box Number is Not Acceptable) 18213 Cypress Cove Lane City Lutz FL Zip Code 33549	
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 1-5-04 <small>Signature typed or printed name of registered agent and the fee is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D <input type="checkbox"/> Delete GALLAGHER, DENNIS K 11710 CYPRESS PARK ST. TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18213 Cypress Cove Lane Lutz, FL 33549-5403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GALLAGHER, VIRGINIA L 11710 CYPRESS PARK ST. TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18213 Cypress Cove Lane Lutz, FL 33549-5403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: 1-5-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-5-04 Daytime Phone #	