


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000030675</b> 1. Entity Name KAREN M. GALLAGHER, P.A.	
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Principal Place of Business 1301 RIVERPLACE BLVD #1840 JACKSONVILLE, FL 32207	Mailing Address 3520 HIDDEN LAKE DR E JACKSONVILLE, FL 32216
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**DO NOT WRITE IN THIS SPACE**

02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3713735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, KAREN M  
3520 E HIDDEN LAKE DR  
JACKSONVILLE, FL 32216

**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: *Karen M. Gallagher* DATE: *2/15/08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000832024 02/27/08-80042-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GALLAGHER, KAREN M 3520 HIDDEN LAKE DR E JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES GALLAGHER, KEVIN R 3520 HIDDEN LAKE DR E JACKSONVILLE, FL 32216
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Karen M. Gallagher* *KAREN M. GALLAGHER* DATE: *2/15/08* (904) *231-8018*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR