2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 30, 2004 8:00 am Secretary of State

DOCUMENT # P01000051324 1. Entity Name GALLAGHER CONSTRUCTION, INC.						07-30-20	004 90007 034 *		
Principal Place of Business 4085 HANCOCK BRIDGE PARKWAY 111156 FT MYERS, FL 33903 2. Principal Place of Business		Mailing Address 4085 HANCOCK BRIDGE PARKWAY 111156 GALLAGHER CO FT MYERS, FL 33903 4085 HANCOC SUITE 111-15 SUITE 111-15 NORTH FOR		AY GALLAGHER CONS GALLAGHER COCK B 4085 HANCOCK B 4085 HANCOCK B SUITE 111-156 SUITE 111-156 NORTH FORT M	RUCTION III RIDGE PKWY ERS, FL 33903				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07072004	Chg-P	CR2E034 (10/03)	11381 1881	
City & State		City & State			4. FEI Number 65-1108298			oplied For	
Zip	Country Zip Co		Countr	у				t Applicable ditional d	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered Agent		
SPIEGEL & UTRERA, P.A. 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Cod		
	named entity submits this statement fi		<u> </u>			th, in the State of Flor		and accept	
	Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registered	Agent signature required	d when reinstating)		DATE	•	
l	LE NOW!!!"FEE IS \$150.00 ue by September 8, 2004	9. Election Campa → Trust Fund Cor		· _ +-	.00 May Be led to Fees		ith s. 607.193(2)(b), not receive the prior r		
10.	OFFICERS AND		11.				CERS AND DIRECTOR		
TITLE NAME	PD GALLAGHER, JAMES F	☐ Delete	TITLE NAME		Te	C.	☐ eHange 4	Addition	
STREET ADDRESS				T ADDRESS 85	WEST MARKE EL 32902				
CITY-ST-ZIP	CAPE CORAL, FL 33914	☐ Delete	TITLE	ST-2IP //	1-07)	myjers r	35905	☐ Addition	
NAME	GALLAGHER, RAYMOND P				SS 8504 Jewn - Ly CAY N. Fort Mayers FL 33903 Change Addition 6215W31 Terr Cape Corel FL 33914 Change Addition				
STREET ADDRESS	4123 SW 17TH PLACE			T ADDRESS	0. 6 1 51 - 70 4				
CITY-ST-ZIP				ST-ZIP	op v C	oral Pl	339/7	☐ Addition	
NAME	GALLAGHER, CHRISTOPHER		TITLE	5 A.			Change		
STREET ADDRESS	4123 SW 17TH PLACE		•	T AODRESS					
CITY-ST-ZIP	CAPE CORAL, FL 33914	☐ Delete	TITLE	ST-ZIP			Change	☐ Addition	
NAME		L Delete	NAME				change	[] Modition	
STREET ADDRESS	,			T ADDRESS ST-ZIP					
CITY-ST-ZIP		☐ Delete	TITLE	31*4F)			☐ Change	☐ Addition	
NAME		ביי הנימב	NAME				ட பங்கூ		
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP					
TITLE		☐ Delete	TITLE		•		☐ Change	☐ Addition	
NAME		**	NAME						
STREET ADDRESS CITY-ST-ZIP	***			t address . St-zip	•		•	•	
indicated of the co	certify that the information supplied wit of on this report or supplemental report reporation or the receiver or trustee empty, or on an attachment with an address,	is true and accurate and that powered to execute this repor	my signatu t as require d.	ure shall have the	same legal effe	ct as if made under or	ath; that I am an officer	or director	
SIGNAT	TURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE		٠,٠٠٠	1/1/hu	Date	Daytime Phone #		