

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071177

FILED
May 02, 2005
Secretary of State

Entity Name: MICHELE C. GALLAGHER, P.A.

Current Principal Place of Business:

3118 OAK STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

5568 FAIR LANE DRIVE
JACKSONVILLE, FL 32244

Current Mailing Address:

3118 OAK STREET
JACKSONVILLE, FL 32205

New Mailing Address:

5568 FAIR LANE DRIVE
JACKSONVILLE, FL 32244

FEI Number: 59-3732484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, MICHELE C
3118 OAK STREET
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

GALLAGHER, MICHELE C
5568 FAIR LANE DRIVE
JACKSONVILLE, FL 32244 US

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.

SIGNATURE: MICHELE C. GALLAGHER, P.A.

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: GALLAGHER, MICHELE C
Address: 3118 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: GALLAGHER, MICHELE C
Address: 5568 FAIR LANE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE C. GALLAGHER, P.A.

DPST

05/02/2005

Electronic Signature of Signing Officer or Director

Date