

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90024 016 ***150.00

DOCUMENT # P02000088555

1. Entity Name

THE GALLOWAY GROUP, INC.



Principal Place of Business

7220 TWIN EAGLE LANE
FT MYERS FL 33912

Mailing Address

7220 TWIN EAGLE LANE
FT MYERS FL 33912

2. Principal Place of Business

5840 YOUNGQUIST RD.
Suite, Apt. #, etc.

3. Mailing Address

5840 YOUNGQUIST RD.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

FT. MYERS, FL.

City & State

FT. MYERS, FL.

4. FEI Number

52-2371541

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GALLOWAY, DAVID O
7220 TWIN EAGLE LANE
FT MYERS FL 33912

7. Name and Address of New Registered Agent

Name: DAVID O. GALLOWAY
Street Address (P.O. Box Number is Not Acceptable):
15920 CATALPA COVE DR.
City: FT. MYERS **FL** Zip Code: 33908

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: DAVID O. GALLOWAY / Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: GALLOWAY, DAVID O
STREET ADDRESS: 7220 TWIN EAGLE LANE
CITY-ST-ZIP: FT MYERS FL 33912

TITLE: ☐ Delete
NAME: GALLOWAY, KAREN S
STREET ADDRESS: 7220 TWIN EAGLE LANE
CITY-ST-ZIP: FT MYERS FL 33912

TITLE: ☐ Delete
NAME: GALLOWAY, ROBERT D
STREET ADDRESS: 7220 TWIN EAGLE LANE
CITY-ST-ZIP: FT MYERS FL 33912

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME: DAVID O. GALLOWAY
STREET ADDRESS: 15920 CATALPA COVE DR.
CITY-ST-ZIP: FT. MYERS, FL 33908

TITLE: ☒ Change ☐ Addition
NAME: GALLOWAY, KAREN S.
STREET ADDRESS: 15920 CATALPA COVE DR.
CITY-ST-ZIP: FT. MYERS, FL 33908

TITLE: ☒ Change ☐ Addition
NAME: GALLOWAY, ROBERT D.
STREET ADDRESS: 15920 CATALPA COVE DR.
CITY-ST-ZIP: FT. MYERS, FL 33908

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 507, 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: DAVID O. GALLOWAY / Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04 239-781-7448