

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000101214

1. Entity Name

M.A. GALLAGHER CORP.



Principal Place of Business

**2797 NE 21 TERRACE
LIGHTHOUSE POINT FL 33064**

Mailing Address

**2797 NE 21 TERRACE
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number **06-1649262**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, MICHAEL
2797 NE 21 TERRACE
LIGHTHOUSE POINT FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: **D GALLAGHER, MICHAEL** ☐ Delete
STREET ADDRESS: **2797 NE 21 TERRACE**
CITY-STATE-ZIP: **LIGHTHOUSE POINT FL 33064**

TITLE
NAME: **000000205996** ☐ Change ☐ Addition
STREET ADDRESS: **01/31/05-80068-002 150.00**
CITY-STATE-ZIP:

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

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

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

TITLE
NAME: ☐ Change ☐ Addition
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CITY-STATE-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05
Date

Daytime Phone #