2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90040 015 ***150.00

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1. Entity Name
GALLOWAY PETS, INCORPORATED

40007216

01232007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
303 US HWY 301 BLVD. W BRADENTON, FL 34205 US	123 9TH STREET BELLEAIR BEACH, FL 33786 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2124 W BRANDON BLVD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON, FL	City & State
Zip: 33511 Country	Zip Country

4. FEI Number: 13-4253690 ☐ 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
GALLOWAY, ROY P 123 9TH STREET BELLEAIR BEACH, FL 33786	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 / STREET ADDRESS / CITY-ST-ZIP	P GALLOWAY, ROY P 123 9TH STREET BELLEAIR BEACH, FL 33786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GALLOWAY, REGINA A 123 9TH STREET BELLEAIR BEACH, FL 33786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Roy P. Galloway Roy P. Galloway 1/26/07 727-595-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #