


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-09-2004 90003 030 ***150.00

DOCUMENT # P03000150383 1. Entity Name GALL PROPERTIES, INC.					
Principal Place of Business 222 LAKEVIEW AVENUE WEST PALM BEACH, FL 33498			Mailing Address 222 LAKEVIEW AVENUE WEST PALM BEACH, FL 33498		
2. Principal Place of Business 1128 Royal Palm Beach Blvd Suite, Apt. #, etc. #500		3. Mailing Address 1128 Royal Palm Beach Blvd Suite, Apt. #, etc. #500			
City & State Royal Palm Beach, FL Zip 33411		City & State Royal Palm Beach, FL Zip 33411		4. FEI Number 20-0480094	
Country USA		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08052004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TFIRN, DAVID M 11365 SEAGRASS CIRCLE BOCA RATON, FL 33498			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME GALL, JOSEPH JR. STREET ADDRESS 8059 STIRRUP CAY COURT CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE D NAME GALL, JOSEPH JR. STREET ADDRESS 1024 Oakwater Dr. CITY-ST-ZIP Royal Palm Beach, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Joseph Gall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/5/04 <small>Date</small>		561-798-6745 <small>Daytime Phone #</small>