




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-04-2006 90236 013 ***150.00

DOCUMENT # P05000005088			
1. Entity Name MICHAEL GALLACHER PA			
Principal Place of Business 4542 GLENEAGLES DRIVE BOYNTON BEACH, FL 33436		Mailing Address 4542 GLENEAGLES DRIVE BOYNTON BEACH, FL 33436	
2. Principal Place of Business 33 Ixora Way		3. Mailing Address 33 Ixora Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocean Ridge FL		City & State Ocean Ridge FL	
Zip 33435	Country USA	Zip 33435	Country USA
4. FEI Number 20-2131512		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent GALLACHER, MICHAEL S 4542 GLENEAGLES DRIVE BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name Gallacher, Michael Street A 33 Michael Gallacher 33 Ixora Way City C Ocean Ridge, Florida 33435	
6. 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 5/2/06			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	P GALLACHER, MICHAEL 4542 GLENEAGLES DRIVE BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	G Michael Gallacher 33 Ixora Way Ocean Ridge, Florida 33435 <input checked="" 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
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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 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 and other like empowered.			
SIGNATURE: 		Date 5/2/06 Daytime Phone # 561-7015	

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