## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P26640 02-21-2006 90026 005 \*\*\*150.00 1. Entity Name GALLAGHER ELECTRIC AND ENGINEERING COMPANY, Principal Place of Business Mailing Address 4575 PEACHTREE LAKES DR 4575 PEACHTREE LAKES DR STE B STE B DULUTH, GA 30096 US DULUTH, GA 30096 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 58-1797629 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ---GALLAGHER, ELMO A. Street Address (P.O. Box Number is Not Acceptable) 3613 LAKE SARAH DR. ORLANDO, FL 32804 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THLE ☐ Change ☐ Addition GALLAHER, JAMES L. NAME NAME STREET ADDRESS 4580 RIVER MANSION CT STREET ADDRESS DULUTH, GA 30096 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** Gallagher, Justin A. GALLAHER, CYNTHIA L. NAME NAME 107 Lakeshore Drive. STREET ADDRESS 1828 COMMONWEALTH DR-STREET ADDRESS WOODSTOCK, GA 30188 CITY-ST-7IP CITY-ST-7IP Duluth, GA. 30096 Delete ☐ Change Addition TITLE TITLE VARNER, KATHY D. NAME NAME STREET ADDRESS 2001 OLD PEACHTREE RD STREET ADDRESS CITY-ST-ZIP DULUTH, GA 30097 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

Treasurer

SIGNATURE:

2/17/06

(770) 449-9260

FILED Feb 21, 2006 8:00 am