

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P26640**

1. Entity Name  
**GALLAGHER ELECTRIC AND ENGINEERING COMPANY,  
INC.**



Principal Place of Business  
**4575 PEACHTREE LAKES DR  
STE B  
DULUTH, GA 30096 US**

Mailing Address  
**4575 PEACHTREE LAKES DR  
STE B  
DULUTH, GA 30096 US**



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1797629</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GALLAGHER, ELMO A.  
3613 LAKE SARAH DR.  
ORLANDO, FL 32804**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000940402  
05/28/08-80065-017 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLAHER, JAMES L. 4580 RIVER MANSION CT DULUTH, GA 30096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARNER, KATHY D. 2001 OLD PEACHTREE RD DULUTH, GA 30097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLAGHER, JUSTIN A 107 LAKESHORE DRIVE DULUTH, GA 30096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathy D. Varner* **KATHY D. VARNER, Treasurer**

**4-22-08 (770) 449-9260**  
Date Daytime Phone