


**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P94000027546			
1. Entity Name <b>GALWAY ENTERPRISES, INC.</b>			
Principal Place of Business 136 E. HAMPTON WAY JUPITER FL 33458 US		Mailing Address P.O. BOX 3910 JUPITER FL 33469 US	
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>SKAKANDY, JACK S</b> <b>136 E. HAMPTON WAY</b> <b>JUPITER FL 33458</b>			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.  SIGNATURE <u><i>No change</i></u> <small>(NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PD	<input type="checkbox"/> Delete	TITLE
NAME	SKAKANDY, JACK S		NAME
STREET ADDRESS	136 E. HAMPTON WAY		STREET ADDRESS
CITY-ST-ZIP	JUPITER FL		CITY-ST-ZIP
TITLE	STD	<input type="checkbox"/> Delete	TITLE
NAME	SKAKANDY, NANCY M		NAME
STREET ADDRESS	136 E. HAMPTON WAY		STREET ADDRESS
CITY-ST-ZIP	JUPITER FL		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.04(1), Florida Statutes, if:</b> indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE: <u>JACK S. SKAKANDY, Jack S. Skakandy</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			