

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90100 022 ***150.00

DOCUMENT # P94000027546					
1. Entity Name GALWAY ENTERPRISES, INC.					
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 18181 S.E. FAIRVIEW CIR Tequesta, FL		3. Mailing Address 18181 S.E. FAIRVIEW CIR Suite, Apt. #, etc.			
City & State TEQUESTA FL		City & State TEQUESTA FL		4. FEI Number 65-0586843	
Zip 33469		Country MARTIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKAKANDY, JACK S 436 E HAMPTON WAY JUPITER, FL 33458 18181 S.E. FAIRVIEW CIR TEQUESTA, FL 33469			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: <u>Jack S. Skakandy</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>APRIL 25-05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKAKANDY, JACK S 136 E HAMPTON WAY 18181 S.E. FAIRVIEW CIR JUPITER, FL TEQUESTA, FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SKAKANDY, NANCY M 136 E HAMPTON WAY 18181 S.E. FAIRVIEW CIR JUPITER, FL TEQUESTA, FL 33469		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)(f), 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>JACK STEPHAN SKAKANDY</u>			Date: <u>APRIL 25-05</u> 561 Daytime Phone: <u>784-1697</u>		