

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90187 028 ***150.00

DOCUMENT # P94000027546

1. Entity Name

GALWAY ENTERPRISES, INC.



Principal Place of Business

**18181 SE FAIRVIEW CIRCLE
TEQUESTA FL 33464
US**

Mailing Address

**18181 SE FAIRVIEW CIRCLE
TEQUESTA FL 33464
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33464

33464

4. FEI Number

65-0586843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKAKANDY, JACK S
18181 SE FAIRVIEW CIRCLE
TEQUESTA FL 33464**

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

Jack Stephen Skakandy

Signature (typed or printed name of registered agent and title if applicable)

Jack Stephen Skakandy

(Not for Registered Agent signature required when reissuing)

APRIL 9 2006

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

**PD
SKAKANDY, JACK S
18181 SE FAIRVIEW CIRCLE
TEQUESTA FL 33464**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Delete

**STD
SKAKANDY, NANCY M
18181 SE FAIRVIEW CIRCLE
TEQUESTA FL 33464**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jack Stephen Skakandy
Jack Stephen SKAKANDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 9 2006
Date

561-746-1697
Daytime Phone #