2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
03-20-2007 90017 033 ***150.00

DOCUMENT # P94000027546

1. Entity Name
GALWAY ENTERPRISES, INC.

bbUU/JJb

Principal Place of Business	Mailing Address
18181 SE FAIRVIEW CIRCLE TEQUESTA FL 33469 US	18181 SE FAIRVIEW CIRCLE TEQUESTA FL 33469 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME AS Above	SAME AS Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country: MARTIN	Zip / Country: MARTIN

1st MOORE CR2E034 (10/06)

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

SKAKANDY, JACK S
18181 SE FAIRVIEW CIRCLE
TEQUESTA FL 33464

7. Name and Address of New Registered Agent

Name: NANCY M SKAKANDY - DIRECTOR
Street Address (P.O. Box Number is Not Acceptable): 18181 S.E. FAIRVIEW CIR
City: TEQUESTA FL Zip Code: 33469

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 X Nancy M Skakandy 3-28-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Jan 30 07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SKAKANDY, JACK S 18181 SE FAIRVIEW CIRCLE TEQUESTA FL 33464 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NANCY M. SKAKANDY 18181 S.E. FAIRVIEW CIR TEQUESTA, FL. 33469 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Jan 30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #