


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000070715		
1. Entity Name MANKUTA GALLAGHER & ASSOCIATES, INC.		
Principal Place of Business 8333 W. MCNAB RD. 231 TAMARAC, FL 33020 US	Mailing Address 8333 WEST MCNAB RD. 231 TAMARAC, FL 33020 US	



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0522124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

MANKUTA, DAVID B  
1946 TYLER ST.  
HOLLYWOOD, FL 33020

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	PD MANKUTA, ERIC 8333 W MCNAB RD, SUITE 231 FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS GALLAGHER, MICHAEL 8333 W MCNAB ROAD, SUITE 231 FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, MICHAEL 8333 W MCNAB ROAD, SUITE 231 FORT LAUDERDALE, FL
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01/08/04-80006-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Gallagher 1-5-04 954 720 9645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #