


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90002 031 \*\*\*163.75

<b>DOCUMENT # P94000092713</b>	
1. Entity Name <b>GALLAMORE TRUCKING, INC.</b>	

Principal Place of Business <b>3760 SPECKLED PERCH LANE KISSIMMEE FL 34744 US</b>	Mailing Address <b>3760 SPECKLED PERCH LANE KISSIMMEE FL 34744 US</b>
--	--

2. Principal Place of Business <b>703 Eastern Ave.</b>	3. Mailing Address <b>703 EASTERN AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Cloud, FL</b>	City & State <b>St. Cloud FL</b>
Zip <b>34769</b>	Zip <b>34769</b>
Country <b>USA</b>	Country <b>USA</b>



MOORE CR2E034 (4/04)

4. FEI Number <b>59-3293254</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GALLAMORE, RICK 3760 SPECKLED PERCH LANE KISSIMMEE FL 34744</b>		
7. Name and Address of New Registered Agent Name <b>Gallamore, Rick</b> Street Address (P.O. Box Number is Not Acceptable) <b>703 Eastern Ave</b> City <b>St. Cloud</b> FL Zip Code <b>34769</b>		

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 *Rick R. Gallamore* *President* DATE *Aug 6, 04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GALLAMORE, RICK 3760 SPECKLED PERCH LANE KISSIMMEE FL 34744</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Gallamore, Rick 703 Eastern Ave St. Cloud, FL 34769</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GALLAMORE, LEORA 4410 SEMORAN FARMS RD KISSIMMEE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Gallamore, Kimberly A 703 Eastern Ave St. Cloud, FL 34769</b> <input type="checkbox"/> Change <input checked="" 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
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)(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: *Kimberly A. Gallamore* DATE: *Aug 06, 04* 407908-1885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR