

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092713

FILED
Apr 19, 2005
Secretary of State

Entity Name: GALLAMORE TRUCKING, INC.

Current Principal Place of Business:

703 EASTERN AVE.
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

703 EASTERN AVE
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 59-3293254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALLAMORE, RICK
703 EASTERN AVE
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

GALLAMORE, RICK R OWNER
703 EASTERN AVE
SAINT CLOUD, FL 34769 US

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.

SIGNATURE: RICK GALLAMORE

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLAMORE, RICK
Address: 703 EASTERN AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: S () Delete
Name: GALLAMORE, KIMBERLY A
Address: 703 EASTERN AVE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK GALLAMORE

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date