

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059510

FILED
Jan 24, 2004
Secretary of State

Entity Name: GALLAGHER/DENSON & ASSOC. INC.

Current Principal Place of Business:

16681 MC GREGOR BLVD.
SUITE #205
FT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16681 MC GREGOR BLVD.
SUITE #205
FT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0682469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENSON, PAMELA
12743 BREWSTER DRIVE
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLAGHER, NANCY I
Address: 15194 PALM ISLE DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: ST () Delete
Name: DENSON, PAMELA A
Address: 12743 BREWSTER DRIVE
City-St-Zip: FORT MYERS, FL 33908

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: NANCY GALLAGHER

P

01/24/2004

Electronic Signature of Signing Officer or Director

Date