2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State

DOCUMENT # P98000012085 1. Entity Name GUY GALLAGHER, INC.					Secretary of State
212 HANCO	ce of Business CK CT RBOR, FL 34695	US	Mailing Address 212 HANCOCK CT SAFETY HARBOR, FL 346	695 US)
	<i>>-</i> -9		<u> </u>		
	OO NOT	WRITE	IN THIS SF	PACE	04082005 No Chg-P
	6. Name and A	ddress of Current R	egistered Agent		5. Certificate of Status Desired \$8.75 Additional Fee Required
GALLAGH 212 HANC SAFETY H	IER, GUY	-			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 Flonda. I am familiar with, and accept the obligations of registered agent					
SIGNATURE Signature, typed or inflined name of registered agent and title ill applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	Р	OFFICERS AND D	RECTORS		
NAME STREET ADDRESS CITY-ST-ZIP	GALLAGHER, C 212 HANCOCK SAFETY HARBO	CT	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000315708 04/19/05-80045-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*			
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: GVY GANAGUEN Y/1/OF SIGNATURE AND TYPE OR PRINTED NAMED OF SIGNING OFFICER OR DIRECTOR Dayline Phase #					