

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013909

Entity Name: GALLAGHER AGENCY, INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

2010 MATECUMBE KEY ROAD
PUNTA GORDA, FL 339554639

New Principal Place of Business:

2090 MATECUMBE KEY ROAD
1801
PUNTA GORDA, FL 339554639 US

Current Mailing Address:

2010 MATECUMBE KEY ROAD
PUNTA GORDA, FL 339554639

New Mailing Address:

2090 MATECUMBE KEY ROAD
1801
PUNTA GORDA, FL 339554639 US

FEI Number: 65-0895089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, THOMAS K
2010 MATECUMBE KEY RD
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

GALLAGHER, THOMAS K
2090 MATECUMBE KEY ROAD
1801
PUNTA GORDA, FL 33955 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:

01/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLAGHER, THOMAS K
Address: 2010 MATECUMBE KEY RD
City-St-Zip: PUNTA GORDA, FL 339554639

Title: S () Delete
Name: GALLAGHER, CAROLYN J
Address: 2010 MATECUMBE KEY RD
City-St-Zip: PUNTA GORDA, FL 339554639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALLAGHER, THOMAS K
Address: 2090 MATECUMBE KEY ROAD #1801
City-St-Zip: PUNTA GORDA, FL 339554639 US

Title: S (X) Change () Addition
Name: GALLAGHER, CAROLYN J
Address: 2090 MATECUMBE KEY ROAD
City-St-Zip: PUNTA GORDA, FL 339554639 US

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: CAROLYN J GALLAGHER

SECR

01/07/2004

Electronic Signature of Signing Officer or Director

Date