

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000013909

Entity Name: GALLAGHER AGENCY, INC.

FILED
Mar 26, 2006
Secretary of State

Current Principal Place of Business:

2090 MATECUMBE KEY ROAD
1801
PUNTA GORDA, FL 339554639 US

Current Mailing Address:

2090 MATECUMBE KEY ROAD
1801
PUNTA GORDA, FL 339554639 US

New Principal Place of Business:

20769 KAIDON LANE
NORTH FORT MYERS, FL 339178118 US

New Mailing Address:

20769 KAIDON LANE
NORTH FORT MYERS, FL 339178118 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
2090 MATECUMBE KEY ROAD
1801
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

GALLAGHER, THOMAS K
20769 KAIDON LANE
NORTH FORT MYERS, FL 339178118 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:

03/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALLAGHER, THOMAS K
Address: 20769 KAIDON LANE
City-St-Zip: NORTH FORT MYERS, FL 339178118 US

Title: S (X) Change () Addition
Name: GALLAGHER, CAROLYN J
Address: 20769 KAIDON LANE
City-St-Zip: NORTH FORT MYERS, FL 339178118 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

S

03/26/2006

Electronic Signature of Signing Officer or Director

Date