

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90037 006 \*\*\*150.00

**DOCUMENT # P99000056816**

1. Entity Name

**BRIAN GALLEY & ASSOCIATES, INC.**



Principal Place of Business

**7853 SE SUGARSAND CIRCLE  
HOBE SOUND FL 33455**

Mailing Address

**P.O. BOX 908  
HOBE SOUND FL 33475**



2. Principal Place of Business - No P.O. Box #

**934 NW SPRUCE RIDGE DR**

3. Mailing Address

**SAME AS BUSINESS ADDRESS.**

Sub. Apt. #, etc.

**A8.**

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

**STUART.**

City & State

4. FEI Number

**65-0928736**

Applied For

Not Applicable

Zip

**FL 34994**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GALLEY, BRIAN**

**7853 SE SUGARSAND CIRCLE  
HOBE SOUND FL 33455**

**934 NW SPRUCE RIDGE DR.**

**APT. A8. STUART. FL 34994**

7. Name and Address of New Registered Agent

Name

**BRIAN GALLEY**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent

(NOT: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **GALLEY, BRIAN**  
STREET ADDRESS **7853 SE SUGARSAND CIRCLE**  
CITY ST ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Delete  
NAME **GALLEY, ROBERT P**  
STREET ADDRESS **1220 N E STREET**  
CITY ST ZIP **LAKE WORTH FL 33460**

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY ST ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY ST ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY ST ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY ST ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY ST ZIP

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TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 29<sup>th</sup> 07. 772.932-4034**