

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082601

FILED  
Jan 19, 2004  
Secretary of State

Entity Name: GALLAGHER APPRAISAL SERVICE, INC.

## Current Principal Place of Business:

1501 RIDGEWOOD AVE, SUITE 107  
HOLLY HILL, FL 32117

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 250483  
HOLLY HILL, FL 32125

## New Mailing Address:

FEI Number: 59-3596791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLAGHER, CONSTANCE  
1501 RIDGEWOOD AVE, SUITE 107  
HOLLY HILL, FL 32117

## 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: PD ( ) Delete  
Name: GALLAGHER, CONSTANCE A  
Address: 1501 RIDGEWOOD AVE, SUITE 107  
City-St-Zip: HOLLY HILL, FL 32117

Title: VD ( ) Delete  
Name: MICHAEL, GALLAGER L  
Address: 1610 FOLSOM DR  
City-St-Zip: HOLLY HILL, FL 32117

Title: D ( ) Delete  
Name: COLLINS, MELISA  
Address: 31353 EVERGREEN DR  
City-St-Zip: DELAND, FL 32720

Title: STD ( ) Delete  
Name: NEWTON, COLLEEN M  
Address: 52 BEECHWOOD AVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: V ( ) Delete  
Name: WREND, GEORGE V  
Address: 625 N. HALIFAX UNIT 18  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D (X) Delete  
Name: MURRAY, RUTH H  
Address: 397 BLYTHEVILLE AVE  
City-St-Zip: DELTONA, FL 32725

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COLLINS, MELISA  
Address: 2051 THIRD AVE  
City-St-Zip: DELAND, FL 32724

Title: STD (X) Change ( ) Addition  
Name: NEWTON, COLLEEN M  
Address: 545 RIDGEWOOD AVE  
City-St-Zip: ORMOND BEACH, FL 32174

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: CONSTANCE GALLAGHER

PD

01/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date