2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# P99000082601

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 US

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:	2051 THIRD AVE	
City-St-Zip:	DELAND, FL 32724	
Title:	STD	( ) Delete
Name:	NEWTON, COLLEEN M	
Address:	545 RIDGEWOOD AVE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	V	( ) Delete
Name:	WREND, GEORGE V	
Address:	625 N. HALIFAX UNIT 18	
City-St-Zip:	DAYTONA BEACH, FL 32118	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 A. GALLAGHER PD 01/10/2005

Electronic Signature of Signing Officer or Director — Date