

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000152551

**Entity Name:** J.C. GALLOWAY THE WATER DOCTOR, INC.

**Current Principal Place of Business:**

4105 N. US HIGHWAY 17  
DELAND, FL 32720

**Current Mailing Address:**

4105 N. US HIGHWAY 17  
DELAND, FL 32720 US

**FEI Number: 20-0498417**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GALLOWAY, JAMES C  
4105 N. US HIGHWAY 17  
DELAND, FL 32720 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name GALLOWAY, MARYL  
Address 4105 N. US HIGHWAY 17  
City-State-Zip: DELAND FL 32720

Title S  
Name SKEEL, AVA  
Address 4105 N. US HIGHWAY 17  
City-State-Zip: DELAND FL 32720

Title V  
Name SKEEL, ROBERT  
Address 4105 N. US HIGHWAY 17  
City-State-Zip: DELAND FL 32720

Title PRESIDENT  
Name GALLOWAY, JAMES C  
Address 4105 N. US HIGHWAY 17  
City-State-Zip: DELAND FL 32720

Title VP  
Name WILLIAMS, PRESTON S  
Address 4105 N. US HIGHWAY 17  
City-State-Zip: DELAND FL 32720

*I hereby 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 all other like empowered.*

**SIGNATURE: MARYL GALLOWAY**

**T**

**03/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date