

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004538

**Entity Name:** T GALLAGHER ENTERPRISES, INC.

**Current Principal Place of Business:**

15722 WOODSHED PL.  
TAMPA, FL 33624

**Current Mailing Address:**

15722 WOODSHED PL.  
TAMPA, FL 33624

**FEI Number: 26-3296723**

**Certificate of Status Desired: No**

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

GALLAGHER, THOMAS P  
15722 WOODSHED PLACE  
TAMPA, FL 33624 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            CHRM  
Name            GALLAGHER, THOMAS P  
Address        15722 WOODSHED PLACE  
City-State-Zip: TAMPA FL 33624

Title            PRES  
Name            GALLAGHER, THOMAS P  
Address        15722 WOODSHED PLACE  
City-State-Zip: TAMPA FL 33624

Title            VCHR  
Name            GALLAGHER, KAREN T  
Address        15722 WOODSHED PLACE  
City-State-Zip: TAMPA FL 33624

Title            VP  
Name            GALLAGHER, KAREN T  
Address        15722 WOODSHED PLACE  
City-State-Zip: TAMPA FL 33624

*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: THOMAS P. GALLAGHER**

**PRESIDENT**

**02/03/2015**

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

\_\_\_\_\_  
Date