


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90057 001 ***150.00

DOCUMENT # K48857			
1. Entity Name GALLIMORE REALTY, INC.			
Principal Place of Business 3240 E ANDREW JOHNSON HWY. GREENEVILLE, TN 37745 US		Mailing Address 3240 E ANDREW JOHNSON HWY. GREENEVILLE, TN 37745 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 271	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State GREENEVILLE, TN	
Zip	Country	Zip	Country
		37744	US
4. FEI Number 59-2921686		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
- 6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALLIMORE, ELLSWORTH G 557 NORTH WYMORE RD STE 102 MAITLAND, FL 32751		Name 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLIMORE, E. LYNDON 3190 HOUSTON VALLEY RD GREENEVILLE, TN 37743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Bluebonnet Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLIMORE, ELLSWORTH G. 557 N WYMORE RD STE 102 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALLIMORE, E. LYNDON 3190 HOUSTON VALLEY RD GREENEVILLE, TN 37743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Bluebonnet Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GALLIMORE, COURTNEY B. 155 BLACKWELL RD. CAMPOBELLO, SC 29322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>By: E. D. [Signature]</i>		Date: 3-28-05 (423)639-4663	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	