


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K48857
 1. Entity Name
GALLIMORE REALTY, INC.



Principal Place of Business Mailing Address
3240 E ANDREW JOHNSON HWY **PO BOX 271**
GREENEVILLE, TN 37745 US **GREENEVILLE, TN 37744 US**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2921686** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GALLIMORE, ELLSWORTH G
557 NORTH WYMORE RD
STE 102
MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GALLIMORE, E. LYNDON
STREET ADDRESS	150 BLUEBONNET LANE
CITY-ST-ZIP	GREENEVILLE, TN 37743
TITLE	D
NAME	GALLIMORE, ELLSWORTH G.
STREET ADDRESS	557 N WYMORE RD STE 102
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	T
NAME	GALLIMORE, E. LYNDON
STREET ADDRESS	150 BLUEBONNET LANE
CITY-ST-ZIP	GREENEVILLE, TN 37743
TITLE	VSD
NAME	GALLIMORE, COURTNEY B.
STREET ADDRESS	155 BLACKWELL RD.
CITY-ST-ZIP	CAMPOBELLO, SC 29322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/09/06-80043-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* **11/11/06** **(823) 439-4663**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #