

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48857

FILED
Feb 04, 2009
Secretary of State

Entity Name: GALLIMORE REALTY, INC.

Current Principal Place of Business:

3240 E ANDREW JOHNSON HWY
GREENEVILLE, TN 37745 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 271
GREENEVILLE, TN 37744 US

New Mailing Address:

FEI Number: 59-2921686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLIMORE, ELLSWORTH G
557 NORTH WYMORE RD
STE 102
MAITLAND, FL 32751 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: DP () Delete
Name: GALLIMORE, E. LYNDON,
Address: 150 BLUEBONNET LANE
City-St-Zip: GREENEVILLE, TN 37743

Title: D () Delete
Name: GALLIMORE, ELLSWORTH, G.
Address: 557 N WYMORE RD STE 102
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: GALLIMORE, E. LYNDON,
Address: 150 BLUEBONNET LANE
City-St-Zip: GREENEVILLE, TN 37743

Title: VSD () Delete
Name: GALLIMORE, COURTNEY, B.
Address: 155 BLACKWELL RD.
City-St-Zip: CAMPOBELLO, SC 29322

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BY: E. LYNDON GALLIMORE, PRES

DP

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date