


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Mar 15, 2007 08:00 A
Secretary of State**

DOCUMENT # A98000002895
1. Entity Name
1995 GALBRAITH OIL AND GAS PARTNERSHIP, LTD.



Principal Place of Business
450 S. ORANGE AVENUE
ORLAND, FL 32801-3336

Mailing Address
P.O. BOX 4920
ORLANDO, FL 32802-4920



DO NOT WRITE IN THIS SPACE

03062007 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-3309029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GALBRAITH, JAMES C
450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

000000668217
03/27/07 00220 024 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	GALBRAITH, JAMES C
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 328013336
DOCUMENT #	698955
NAME	THE GALBRAITH MANAGEMENT COMPANY, INC.
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 328013336
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: James C. Galbraith DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER