

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90051 048 ***150.00

DOCUMENT # 506612 1. Entity Name GALBREATH ENTERPRISES, INC.			
Principal Place of Business 4009 HALIFAX DR PORT ORANGE, FL 32129		Mailing Address P.O. BOX 290429 PORT ORANGE, FL 32129	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4009 Halifax Dr. Suite, Apt. #, etc.	
City & State City: Port Orange State: FL		4. FEI Number 59-1683931	
Zip 32127		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GALBREATH, EVAN S 21591 TARRAGONA WAY ASTOR, FL 32102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GALBREATH, EVAN S 21591 TARRAGONA WAY ASTOR, FL 32102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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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>Evans S. Galbreath</i>		Evans S. Galbreath, 1-21-05, 386-767-4768	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	