## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 506612** 

Entity Name: GALBREATH ENTERPRISES, INC.

FILED Jan 19, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business:      |
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4009 HALIFAX DR 4009 HALIFAX DR

PORT ORANGE, FL 32129 PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

4009 HALIFAX DR 4009 HALIFAX DR

PORT ORANGE, FL 32129 PORT ORANGE, FL 32127

FEI Number: 59-1683931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALBREATH, EVAN S
21591 TARRAGONA WAY
ASTOR, FL 32102 US
GALBREATH, EVANS S
21591 TARRAGONA WAY
ASTOR, FL 32102 US
ASTOR, FL 32102 US

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: EVANS S. GALBREATH 01/19/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** ( ) Delete Title: (X) Change ( ) Addition GALBREATH, EVAN S, GALBREATH, EVANS S PT Name: Name: 21951 TARRAGONA WAY 21951 TARRAGONA WAY Address: Address: City-St-Zip: ASTOR, FL 32102 City-St-Zip: ASTOR, FL 32102

Title: ( ) Delete Title: VP ( ) Change (X) Addition Name: GALBREATH, BRENDAN R VP Address: 824 PHEASANT RUN CT. WEST City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127 11

Title: ( ) Delete Title: S ( ) Change (X) Addition

Name:Name:GALBREATH, SARAH K SAddress:Address:21951 TARRAGONA WAYCity-St-Zip:City-St-Zip:ASTOR, FL 32102

I hereby certify that the information supplied with this filing does not qualify for the 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: EVANS S. GALBREATH PT 01/19/2007