


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000005327		
1. Entity Name GALBREATH INCORPORATED OF INDIANA		
Principal Place of Business ROSSER DR WINAMAC, IN 46996	Mailing Address P.O. BOX 220 WINAMAC, IN 46996	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALTON, CHARLES W 25800 SCIENCE PARK DRIVE, SUITE 140 BEACHWOOD, OH 44122	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PODELL, GREGORY L 461 ROSSER DR WINAMAC, IN 46996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, RICHARD 25800 SCIENCE PARK DRIVE, SUITE 140 BEACHWOOD, OH 44122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RASMUSSEN, ROBERT 25800 SCIENCE PARK DRIVE, SUITE 140 BEACHWOOD, OH 44122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARINACCI, PAIGE M 25800 SC. PK DR STE 14D BEACHWOOD, OH 44122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITFORD, NEIL 25800 SCIENCE PARK DRIVE, STE 140 BEACHWOOD, OH 44122	
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: <u>Anthony W. Hameyer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/6/06</u> Daytime Phone # <u>574-946-6631</u>



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1867754

Applied For
Not Applicable

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

U00000525830
05/04/06-80048-016 150.00