
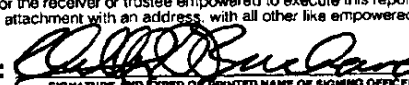


FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90010 035 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000005362			
1. Entity Name GALT ISLAND AVENUE PROPERTY RIGHTS GROUP, INC.		Mailing Address 3861 GALT ISLAND AVENUE ST. JAMES CITY, FL 33956	
Principal Place of Business 3861 GALT ISLAND AVENUE ST. JAMES CITY, FL 33956		Mailing Address 3861 GALT ISLAND AVENUE ST. JAMES CITY, FL 33956	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01052004 Chg-NP		CR2E037 (10/03)	
4. FEI Number 65-0787048		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUCHANAN, PHILLIP G 3861 GALT ISLAND AVENUE ST. JAMES CITY, FL 33956		Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCHANAN, PHILLIP G 3861 GALT ISLAND AVE ST JAMES CITY, FL 33956 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPOO PARKER, SCOTT 3901 GALT ISLAND AVE ST JAMES CITY, FL 33956 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT KELLEN 4111 GALT ISLAND AVENUE ST JAMES CITY, FL 33956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GADDY, JACK 3911 GALT ISLAND AVENUE SAINT JAMES CITY, FL 33956 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WALT SCHLOSSER 3861 GALT ISLAND AVENUE ST JAMES CITY, FL 33956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BARBARA J. JOHNSON 4021 GALT ISLAND AVENUE ST JAMES CITY, FL 33956 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JAMES CITY, FL 33956 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 517, 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: 		Date: Phillip G. Buchanan 289-283-5100 PRESIDENT 5 JAN 04 4067	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	