


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000005362

1. Entity Name
GALT ISLAND AVENUE PROPERTY RIGHTS GROUP, INC.



Principal Place of Business Mailing Address
3861 GALT ISLAND AVENUE **3861 GALT ISLAND AVENUE**
ST. JAMES CITY, FL 33956 **ST. JAMES CITY, FL 33956**

DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-0787048** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BUCHANAN, PHILLIP G
3861 GALT ISLAND AVENUE
ST. JAMES CITY, FL 33956

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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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUCHANAN, PHILLIP G 3861 GALT ISLAND AVE ST JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEN, ROBERT 4111 GALT ISLAND AVE ST JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOSSER, WALT 3851 GALT ISLAND AVE SAINT JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, BARBARA J 4021 GALT ISLAND AVE SAINT JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 617, 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: *Phillip G Buchanan*

(279) 283-4067
 10 Jan 05