DOCUMENT # N97000005362 1. Entity Name GALT ISLAND AVENUE PROPERTY RIGHTS GROUP,



FILED

INC.							′ Jan	22, 200	7 08:	:00 A	M
Principal Place of Business Mailing Address						++		Secretar			
3861 GALT ISLAND AVENUE 3861 GALT ISLAND AVE ST. JAMES CITY FL 33956 ST. JAMES CITY FL 3399											
2. Principal P	oss - No P.O. Box #	3. Ma	iling Address	ng Address			I JUJJE EGUAT GUIAT GUIAT GUIA		in 11110 01110 11	01101 C) 1001	
Suite, Apt. #, etc			Suite, Apt. #, etc.				1st MOORE CR2E037 (10/06)				
City & State			City & State				4. FEI Number	55-0787048		_ 	plied For It Applicable
Zip	Zip Country			Zip Cou		mlry	5. Certificate of St	5. Certificate of Status Desired \$8.75 Additional Fee Required			
Name and Address of Current Registered Agent							7. Name and Add	ress of New Regi	stered Age	nt	
						Name					
BUCHANAN, PHILLIP G 3861 GALT ISLAND AVENUE ST. JAMES CITY FL 33956						Street Address (P.O. Box Number is Not Acceptable)					
31. JAMES CITT FL 33930				City		City				Zip Code)
8. The above named onlik submits this statement for the number of changing its registered							torod agent or bolls in	the State of Florida	FL	ilior wath	and accept
8. The above named ontity 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 Street a registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
Signature, typed or puriled name of registered agent and falls if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE											
F	Trust Fund C	9. Election Campaign Financing Trust Fund Contribution.			May Be Make Check Payable to Fees Florida Department of State						
10,		OFFICERS AND DI	RECTORS	<u> </u>	11.		ADDITIONS;CHANGE	S TO OFFICERS A	AND DIREC	TORS IN	10
TITE NAME STREET ADDRESS	DP BUCHANAN, PHILLIP G 3861 GALT ISLAND AVE			☐ Delete III NA S1I		I ADDRESS	0	U00000594741			
CITY-SI-7IP	ST JAMES CITY FL 33956				CHY-	S1-ZIP					
NAME SIREET ADDRESS CITY-SI-ZIP	D KELLEN, ROBERT 4111 GALT ISLAND AVE ST JAMES CITY FL 33956			I] Change	Addition
HITT NAME SIDERI ADDRESO CITY - ST - ZIP	D SCHLOSSER, WALT 3851 GALT ISLAND AVE SAINT JAMES CITY FL 33956) Change	Addition
NAME SIRLE LADDRESS CHY-SI-ZIP				☐ Delele						Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				-] Change	Addition
ITHE NAME STREET ADDRESS CITY-S1-ZIP			,	☐ Delete					Г	Change	Addition

12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficer or director of the corporation or the receiver or trusted 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: