


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000066867 1. Entity Name JULIA GALPIN REALTY, INC.	
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Principal Place of Business
30347 U.S. HWY 19N STE L
CLEARWATER, FL 33761

Mailing Address
30347 U.S. HWY 19N STE L
CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3662902	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GALPIN-CONTELLA, JULIA
30347 U.S. HWY 19N STE L
CLEARWATER, FL 33761

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	P GALPIN-CONTELLA, JULIA 30347 US 19N, STE L CLEARWATER, FL 33761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEUNER, RITA A 30347 US 19N, STE L CLEARWATER, FL 33761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/19/04-80018-002 150.00

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IN THIS SPACE**

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 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:

Julia E Galpin
Julia Galpin Contella President 4/6/04 727-289-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #