



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90182 017 ***150.00

DOCUMENT # P00000066867 1. Entity Name JULIA GALPIN REALTY, INC.					
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		
2. Principal Place of Business 553 S. Duncan Ave Suite, Apt. #, etc.		3. Mailing Address 553 S. Duncan Ave Suite, Apt. #, etc.			
City & State Clearwater		City & State Clearwater		4. FEI Number 59-3662902	
Zip 33756		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Julia Galpin-Contella Street Address (P.O. Box Number is Not Acceptable) 553 S. Duncan Avenue City Clearwater FL Zip Code 33756	
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 Julia Galpin-Contella (JULIA E GALPIN) DATE 4/21/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALPIN-CONTELLA, JULIA 30347 US 19N, STE L CLEARWATER, FL 33761 <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	VP LEUNER, RITA A 30347 US 19N, STE L CLEARWATER, FL 33761 <input checked="" 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **Julia Galpin Contella**