


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90050 017 ***150.00

DOCUMENT # S35786 1. Entity Name GALBRAITH PROPERTIES, INC.					
Principal Place of Business SUITE 1300 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701		Mailing Address SUITE 1300 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701			
2. Principal Place of Business		3. Mailing Address		2900670J	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3068366	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALBRAITH, JOHN W. SUITE 1300 360 CENTRAL AVE STE 1300 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent	
				Name Kathleen A. Bellas	
				Street Address (P.O. Box Number is Not Acceptable) Suite 1300	
				360 Central Avenue	
				City St Petersburg	
				FL	
				Zip Code 33701	
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 <i>Kathleen A. Bellas</i> <small>Sign, write, typed or printed name of registered agent and title if applicable</small>				January 15, 2004 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALBRAITH, JOHN W	NAME	University Village #1604		
STREET ADDRESS	360 CENTRAL AVE STE 1300	STREET ADDRESS	500 Crestwood Dr, Charlottesville, VA 22903		
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP			
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALBRAITH, ROSMARY P	NAME	University Village #1604		
STREET ADDRESS	360 CENTRAL AVE. STE 1300	STREET ADDRESS	500 Crestwood Dr, Charlottesville, VA 22903		
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Assn't Treasurer		
STREET ADDRESS		STREET ADDRESS	Kathleen A. Bellas		
CITY-ST-ZIP		CITY-ST-ZIP	360 Central Ave, #1300, St Petersburg, FL 33701		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>John W. Galbraith</i>			January 15, 2004 727-823-2578		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		