

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90058 033 ***150.00

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01172005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3068366

Applied For
Not Applicable

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

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
Suite 1220

3. Mailing Address
Suite 1220

Suite, Apt. #, etc.
360 Central Ave

Suite, Apt. #, etc.
360 Central Ave

City & State
St Petersburg, FL

City & State
St Petersburg, FL

Zip
33701

Country

Zip
33701

Country

Pinellas

6. Name and Address of Current Registered Agent

BELLAS, KATHLEEN A
SUITE 1220
360 CENTRAL AVE STE 1220
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME GALBRAITH, JOHN W
STREET ADDRESS 500 CRESTWOOD DR UNIVERSITY VILLAGE #1604
CITY-ST-ZIP CHARLOTTESVILLE, VA 22903

TITLE DVS
NAME GALBRAITH, ROSMARY P
STREET ADDRESS 500 CRESTWOOD DR. UNIVERSITY VILLAGE #1604
CITY-ST-ZIP CHARLOTTESVILLE, VA 22903

TITLE AT
NAME BELLAS, KATHLEEN A
STREET ADDRESS 360 CENTRAL AVE. #1300
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE A.T.
NAME Bellas, Kathleen A
STREET ADDRESS 360 Central Ave #1220, St Petersburg
CITY-ST-ZIP FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

Kathleen A Bellas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 4, 2005

Date

Daytime Phone #