

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90363 032 ***150.00

DOCUMENT # S35786 1. Entity Name GALBRAITH PROPERTIES, INC.			
Principal Place of Business SUITE 1220 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701		Mailing Address SUITE 1220 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701	
2. Principal Place of Business PO Box 1518 Suite, Apt. #, etc.		3. Mailing Address PO Box 1518 Suite, Apt. #, etc.	
City & State Pinellas Park FL Zip 33780-0518		City & State Pinellas Park FL Zip 33780-0518	
4. FEI Number 59-3068366		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 Bellas, Kathleen Street Address (P.O. Box Number is Not Acceptable) 7034 79th St N City Pinellas Park FL Zip Code 33781	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/24/06 <small>(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	DPT GALBRAITH, JOHN W 500 CRESTWOOD DR UNIVERSITY VILLAGE #1604 CHARLOTTESVILLE, VA 22903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GALBRAITH, ROSMARY P 500 CRESTWOOD DR. UNIVERSITY VILLAGE #1604 CHARLOTTESVILLE, VA 22903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BELLAS, KATHLEEN A 360 CENTRAL AVE #1220 SAINT PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AS Bellas, Kathleen 7034 79th St N Pinellas Park FL 33781
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
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
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
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/19/06 Daytime Phone # 727-546-6595	

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