

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001394

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: GALIC BROTHERS, INC.

## Current Principal Place of Business:

250 EAST FIFTH STREET  
CINCINNATI, OH 45202 US

## New Principal Place of Business:

## Current Mailing Address:

250 EAST FIFTH STREET  
CINCINNATI, OH 45202 US

## New Mailing Address:

FEI Number: 31-1391777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUBAN, KEN  
OCEAN REEF CLUB  
31 OCEAN REEF DR., STE C-300  
KEY LARGO, FL 33037 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: FULLER, VICTOR L P/D  
Address: TWO ALHAMBRA PLAZA SUITE 1280  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V/D ( ) Delete  
Name: FULLER, STEPHEN M V/D  
Address: TWO ALHAMBRA PLAZA SUITE 1280  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D ( ) Delete  
Name: VONDERHAAR, DANIEL J D  
Address: ONE EAST FOURTH STREET  
City-St-Zip: CINCINNATI, OH 45202 US

Title: V/T ( ) Delete  
Name: MILIANO, CHRISTOPHER P V/T  
Address: 250 EAST FIFTH STREET  
City-St-Zip: CINCINNATI, OH 45202 US

Title: AT ( ) Delete  
Name: MISCHELL, THOMAS E AT  
Address: ONE EAST FOURTH STREET  
City-St-Zip: CINCINNATI, OH 45202 US

Title: S ( ) Delete  
Name: LUBAN, KENNETH A S  
Address: 31 OCEAN REEF DRIVE SUITE C-300  
City-St-Zip: KEY LARGO, FL 33037 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E MISCHELL

AT

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date