


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91033 011 ***150.00

DOCUMENT # 846247

1. Entity Name
S.R. GALLERY, INC.



Principal Place of Business
ROUTE 1
FRANKLIN CENTER, PA 19091

Mailing Address
ROUTE 1 % TAX DEPT
FRANKLIN CENTER, PA 19091 US

2. Principal Place of Business
105 COMMERCE DR

3. Mailing Address
105 COMMERCE DR

Suite, Apt. #, etc.
410 TAX DEPT


Suite, Apt. #, etc.
410 TAX DEPT

City & State
ASTON, PA

City & State
ASTON, PA

Zip
19014 Country **US**

Zip
19014 Country **US**



04152004 Chg-P CR2E034 (10/03)

4. FEI Number
23-2096809

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D RESNICK, STEWART 9481 SUNSET BLVD. BEVERLY HILLS, CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESNICK, LYNDA 9481 SUNSET BLVD. BEVERLY HILLS, CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUCKER, HOWARD P 205 STANDISH LANE MERION, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORTON, JOHN 101 MOUGINS CIRCLE KENNETT SQUARE, PA 19348	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, BRUCE US ROUTE 1 FRANKLIN CENTER, PA 19091	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	P STEWART RESNICK 105 COMMERCE DR ASTON, PA 19014
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:  **V.P. Taxation & Treasury** Date _____ Daytime Phone # **610-497-4817**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR