


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90255 013 ***150.00

DOCUMENT # L08748			
1. Entity Name FIFTH AVENUE ART GALLERY, INC.			
Principal Place of Business 1470 HIGHLAND AVE MELBOURNE, FL 32935 US		Mailing Address 6767 N WICKHAM RD SUITE 306 MELBOURNE, FL 32940 US	
2. Principal Place of Business		3. Mailing Address <i>1470 Highland Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Melbourne, FL</i>	
Zip	Country	Zip <i>32935</i>	Country <i>Brevard</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOYD, JOEL E ESQ 6767 N. WICKHAM ROAD STE 306 MELBOURNE, FL 32940		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAVLAKOS, ELLEN 331 CORAL WAY N. INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P Nancy Crawford 201 Osprey Villas Court Melbourne Beach, FL 32951</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRUCE, JAMISON 327 CORAL WAY W. INDIALANTIC, FL 32903 <input checked="" 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	VPD TSAMOUTALES, MARY 2293 VENETIA PLACE INDIALANTIC, FL 32903 <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	TD CRAWFORD, NANCY L 201 OSPREY VILLAS COURT MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>T Lois Ann Mittleman 1634 Ficus Point Drive Melbourne, FL 32940</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHITZIUS, LORETTA 312 JACK DRIVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>S Kaye Shannon 5149 Wexford Drive Viera, FL 32955</i>
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 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>Lois Ann Mittleman (Lois Ann Mittleman)</i>		Date: <i>4-21-04</i>	Daytime Phone #: <i>321-259-8261</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #