


**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<br>FIFTH AVENUE ART GALLERY, INC.  |   |   |   |
| Principal Place of Business<br>1470 HIGHLAND AVE<br>MELBOURNE, FL 32935 US  |   | Mailing Address<br>6767 N WICKHAM RD<br>SUITE 306<br>MELBOURNE, FL 32940 US   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address<br><i>1470 Highland Ave</i>  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State<br><i>Melbourne, FL</i>  |   |
| Zip   | Country   | Zip<br><i>32935</i>   | Country<br><i>Brevard</i>   |
| 6. Name and Address of Current Registered Agent<br>BOYD, JOEL E ESQ<br>6767 N. WICKHAM ROAD<br>STE 306<br>MELBOURNE, FL 32940   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                     |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>PAVLAKOS, ELLEN<br>331 CORAL WAY N.<br>INDIALANTIC, FL 32903 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>P Nancy Crawford<br/>201 Osprey Villas Court<br/>Melbourne Beach, FL 32951</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>PRUCE, JAMISON<br>327 CORAL WAY W.<br>INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>TSAMOUTALES, MARY<br>2293 VENETIA PLACE<br>INDIALANTIC, FL 32903 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>CRAWFORD, NANCY L<br>201 OSPREY VILLAS COURT<br>MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>T Lois Ann Mittleman<br/>1634 Ficus Point Drive<br/>Melbourne, FL 32940</i>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>SCHITZIUS, LORETTA<br>312 JACK DRIVE<br>COCOA BEACH, FL 32931 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>S Kaye Shannon<br/>5149 Wexford Drive<br/>Viera, FL 32955</i>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 #   |