


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L08748
 1. Entity Name
FIFTH AVENUE ART GALLERY, INC.




Principal Place of Business: **1470 HIGHLAND AVE MELBOURNE FL 32935 US**
 Mailing Address: **1470 HIGHLAND AVE. MELBOURNE FL 32935 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number: **59-2966570**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**BOYD, JOEL E ESQ
 6767 N. WICKHAM ROAD
 STE 306
 MELBOURNE FL 32940**

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CRAWFORD, NANCY	
STREET ADDRESS	201 OSPREY VILLAS CT.	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TSAMOUTALES, MARY	
STREET ADDRESS	2293 VENETIA PLACE	
CITY - ST - ZIP	INDIALANTIC FL 32903	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITTLEMAN, LOIS ANN	
STREET ADDRESS	1634 FICAS POINT DR.	
CITY - ST - ZIP	MELBOURNE FL 32940	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHANNON, KAYE	
STREET ADDRESS	5149 WEXFORD DR.	
CITY - ST - ZIP	VIERA IL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 04/20/05-80024-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Lois Ann Mittleman (Lois Ann Mittleman) 4-18-05 321-259-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #