


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90312 007 \*\*\*150.00

**DOCUMENT # L08748**

1. Entity Name  
**FIFTH AVENUE ART GALLERY, INC.**



Principal Place of Business      Mailing Address

1470 HIGHLAND AVE  
 MELBOURNE FL 32935  
 US

1470 HIGHLAND AVE.  
 MELBOURNE FL 32935  
 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-2966570**      Not Applicable

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



1st MOORE      CR2E034 (10/05)

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shannon, Kaye	
STREET ADDRESS	5149 Wexford Drive	
CITY-ST-ZIP	Viera, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schnitzius, Loretta	
STREET ADDRESS	312 Jack Drive	
CITY-ST-ZIP	Cocoa Beach, FL 32931	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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      4/20/06      321-259-8261  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #