


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**


04-12-2004 90273 035 \*\*\*\*61.25

**DOCUMENT # N93000001314**  
1. Entity Name  
**ISLAND GALLERY WEST, INC.**



Principal Place of Business      Mailing Address  
**5368 GULF DR N  
HOLMES BEACH FL 34217**      **5368 GULF DR N  
HOLMES BEACH FL 34217**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

11060010  
  
MOORE      CR2E037 (11/03)  
4. FEI Number      Applied For  
**65-0400009**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MURPHY, IRENE  
6300 FLOTILLA DR #79  
HOLMES BEACH FL 34217**  
*DECEASED*

7. Name and Address of New Registered Agent  
Name      **JANE FITZGERALD**  
Street Address (P.O. Box Number is Not Acceptable)      **309 A 65th St.**  
*Holm*  
City      **HOLMES BEACH**      FL      Zip Code      **34217**

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 *Jane B. Fitzgerald*      DATE **4/8/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete
MEARS, L 76112 18 AVE NW BRADENTON FL	
MEARS, W. M. 7612 18TH AVE NW BRADENTON FL	D <input type="checkbox"/> Delete
OSHERMAN, NORMAN 3 EALING ON DIXBURY ROLLINS MEADOWS IL	D <input type="checkbox"/> Delete
DEFORGE, HELEN 629 EMERALD LANE HOLMES BEACH FL	D <input type="checkbox"/> Delete
	D <input type="checkbox"/> Delete
	D <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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 617, 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: *Norman J. Osherman*      DATE: **4/8/04**      DAYTIME PHONE #: **941-756-1606**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR