2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90016 044 ***150.00

DOCUMENT # P03000096969

1. Entity Name
STARVING ARTIST GALLERY, CAFE & STUDIOS, INC.

Principal Place of Business	Mailing Address
822 BAY POINT DRIVE MADEIRA BEACH, FL 33708	822 BAY POINT DRIVE MADEIRA BEACH, FL 33708

02182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2955 CENTRAL AVENUE	2955 CENTRAL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33713 Country: USA	Zip: 33713 Country: USA

4. FEI Number 86-1082236 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTE JR., ANTHONY P ESQ.
770 SECOND AVENUE SOUTH
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name: JEFF SCHORR
Street Address (P.O. Box Number is Not Acceptable): 822 BAY POINT DRIVE
City: MADEIRA BEACH FL Zip Code: 33708

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 ________ 4/1/04
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	SCHORR, STEPHANIE	
STREET ADDRESS	822 BAY POINT DRIVE	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE	D	☐ Delete
NAME	SCHORR, JEFF	
STREET ADDRESS	822 BAY POINT DRIVE	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ________ 4/1/04 (727)397-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #