


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 368470</b> 1. Entity Name <b>THE GALLERY OF ART OF PANAMA CITY, INC.</b>		
Principal Place of Business <b>36 W BEACH DR PANAMA CITY, FL 32401</b>	Mailing Address <b>36 W BEACH DR PANAMA CITY, FL 32401</b>	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  <b>MILLER, MARY OLA REYNOLDS 703 BUNKERS COVE RD. PANAMA CITY, FL 32401</b>		
DO NOT WRITE IN THIS SPACE		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MILLER, MARY OLA R. 36 W. BEACH DR. PANAMA CITY, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MILLER, MAXWELL R. 703 BUNKERS COVE ROAD PANAMA CITY, FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>GOW, OLA JANE MILLER 2554 29TH AVENUE SAN FRANCISCO, CA</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 Chapter 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.		
<b>SIGNATURE: MARY OLA REYNOLDS MILLER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1302110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

000000582219  
01/11/07-80023-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

*January 8, 2007* (Date) **(850) 763-2420** (Dayside Phone #)