

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 814362

1. Entity Name
WALLY FINDLAY GALLERIES, (FLORIDA), INC.



Principal Place of Business
WALLY FINDLAY GALLERIES
165 WORTH AVENUE
PALM BEACH, FL 33480 US

Mailing Address
124 EAST 57TH STREET
NEW YORK, NY 10022 US



DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0903602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000341521
04/29/05-80019-002 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BORYNACK, JAMES R
STREET ADDRESS 165 WORTH AVENUE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VD
NAME BORYNACK, WILLIAM
STREET ADDRESS 165 WORTH AVENUE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME NALLETT, DONNA
STREET ADDRESS 165 WORTH AVENUE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Borynack

Date

Daytime Phone

4/25/05 (SBI) 655-201