


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 848832 1. Entity Name WHITE STAINED GLASS STUDIO, INC. |  |
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| Principal Place of Business 4242 GYPSY STREET SARASOTA, FL 34233 | Mailing Address 4242 GYPSY STREET SARASOTA, FL 34233 |
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 34-1035753 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WHITE, CATHERINE 4242 GYPSY ST SARASOTA, FL 34233 | DO NOT WRITE IN THIS SPACE |
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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) DATE _____

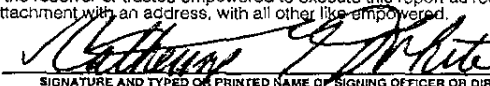
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WHITE, PATRICK J 6888 APPROACH RD SARASOTA, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WHITE, MARY J 6888 APPROACH RD SARASOTA, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WHITE, CATHERINE 4309 PASADENA CIR SARASOTA, FL 34233 |
| 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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02/23/04-80137-015 150.00

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  12/19/04 1 800 / 330 4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #