## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jan 07, 2008 08:00 AN Secretary of State **DOCUMENT # F94000002554** 1. Entity Name IRVING GALLERIES, INC. Principal Place of Business Mailing Address 332 WORTH AVENUE 332 WORTH AVENUE PALM BEACH, FL 33480 PALM BEACH, FL 33480 No Chg-P CR2E034 (11/05) 01042008 Applied For 4. FEI Number 39-0968972 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LUNTZ, IRVING 332 WORTH AVE IN THIS SPACE PALM BEACH, FL 33480 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 #applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE NAME LUNTZ, IRVING 224 SANDPIPER DR 01/07/08-80007-010 150.00 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL SD TITLE NAME LUNTZ, HOLDEN J STREET ADDRESS 224 SANDPIPER DR CITY-ST-ZIP PALM BEACH, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 inside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 i changed, or on an attachment with an address, with the openable empowered.

NAME STREET ADDRESS CITY-ST-ZIP

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**FILED**