



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # H22404 1. Entity Name ALBERTSON-PETERSON GALLERY, INC.				
Principal Place of Business 422 W. FAIR BANKS AVE. WINTER PARK, FL 32789		Mailing Address P O BOX 1900 WINTER PARK, FL 32790		
DO NOT WRITE IN THIS SPACE		 03072005 No Chg-P CR2E034 (10/03)		
		4. FEI Number 59-2475023		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				
ALBERTSON, JUDITH 55 TRISMEN TERRACE WINTER PARK, FL 32789-4390		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE	DP			
NAME	ALBERTSON, JUDY			
STREET ADDRESS	55 TRISMEN TERR.			
CITY - ST - ZIP	WINTER PARK, FL			
TITLE	DO NOT WRITE IN THIS SPACE			
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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)(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 <i>Judy Albertson</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Judy Albertson</i>		
		Date <i>3-10-05</i> Daytime Phone # <i>407-621-1258</i>		