# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # K51148**

**1.** Entity Name
GLENEAGLES ART, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1226 W INDIANTOWN RD<br>SUITE 103/104<br>JUPITER, FL  33458    US | 1226 W INDIANTOWN RD<br>SUITE 103/104<br>JUPITER, FL  33458    US |

## DO NOT WRITE IN THIS SPACE

01132005    No Chg-P    CR2E034 (10/03)
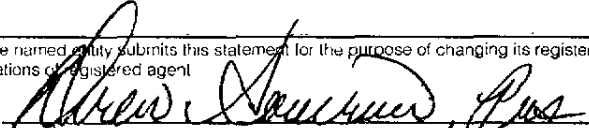
| 4. FEI Number | Applied For |
|---|---|
| 65-0094132 | Not Applicable |

**5.** Certificate of Status Desired ☐   **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SOUERWINE, ANDREW
871 VILLAGE BLVD SUITE 601
W PALM BEACH, FL  33409

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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 _Andrew Souerwine, Pres_    DATE _1.20.05_

Signature typed or printed name of registered agent and title if applicable    (NOTE  Registered Agent signature required when reinstating)

**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

**10.                    OFFICERS AND DIRECTORS**

| TITLE | P |
|---|---|
| NAME | SOUERWINE, DREW |
| STREET ADDRESS | 871 VILLAGE BLVD  SUITE 601 |
| CITY ST ZIP | WEST PALM BEACH, FL  33409 |

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01/24/05-80151-003  150.00

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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:** _Andrew Souerwine Pres_    _1-20-05_    _561-748-0212_

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