


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90055 042 ***150.00

DOCUMENT # M79734 1. Entity Name REGENCY CERAMIC ART INCORPORATED																																																																																																																																			
Principal Place of Business 25 NE 56 TERRACE OCALA, FL 34470 US			Mailing Address % GARY C. SIMONS 121 NW THIRD ST OCALA, FL 34475 US																																																																																																																																
2. Principal Place of Business 2139 A NE 2nd Street			3. Mailing Address 2139 A NE 2nd Street																																																																																																																																
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Zip 34470		Country USA		4. FEI Number 59-2885227																																																																																																																															
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																	
6. Name and Address of Current Registered Agent SIMONS, GARY C 121 NW THIRD ST OCALA, FL 32670			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																
please change zip code			FL Zip Code 34475																																																																																																																																
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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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: <u>Aliette Chamchil</u> ALIETTE CHAMCHIL <u>2/4/05</u> <u>(352) 368-2250</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			

30014403



02032005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

FL Zip Code **34475**

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**

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