


**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

**30014403**



2. Principal Place of Business: 2139 A NE 2nd Street  
 3. Mailing Address: 2139 A NE 2nd Street

Suite, Apt. #, etc.

02032005 Chg-P CR2E034 (10/03)

City & State: Ocala, FL

4. FEI Number: 59-2885227  
 Applied For: Not Applicable

Zip: 34470 Country: USA

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

6. Name and Address of Current Registered Agent:  
 SIMONS, GARY C  
 121 NW THIRD ST  
 OCALA, FL 32670 *please change zip code*

7. Name and Address of New Registered Agent:  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: Ocala, 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: \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DST NAME: CHAMCHIL, ALIETTE STREET ADDRESS: 25 NE 56TH TERR CITY-ST-ZIP: OCALA, FL	<input type="checkbox"/> Delete	TITLE: NAME: 2139 A NE 2nd Street STREET ADDRESS: Ocala, FL 34470 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: CHAMCHIL, MORAD STREET ADDRESS: 25 NE 56TH TERR CITY-ST-ZIP: OCALA, FL	<input type="checkbox"/> Delete	TITLE: NAME: 2139 A NE 2nd Street STREET ADDRESS: Ocala, FL 34470 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Aliette Chamchil* ALIETTE CHAMCHIL 2/4/05 (352) 368-2250  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #