


**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<br>REGENCY CERAMIC ART INCORPORATED  |  |   |  |
| Principal Place of Business<br>25 NE 56 TERRACE<br>OCALA, FL 34470 US   |  | Mailing Address<br>% GARY C. SIMONS<br>121 NW THIRD ST<br>OCALA, FL 34475 US  |  |
| 2. Principal Place of Business<br>2139 A NE 2nd Street  |  | 3. Mailing Address<br>2139 A NE 2nd Street  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State<br>Ocala, FL   |  | City & State<br>Ocala, FL   |  |
| Zip<br>34470  | Country<br>USA   | Zip<br>34470  | Country<br>USA   |
| 4. FEI Number<br>59-2885227   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |  |
| SIMONS, GARY C<br>121 NW THIRD ST<br>OCALA, FL 32670  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code 34475                             |  |
| please change zip code  |  |   |  |
| 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 _____   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DST<br>CHAMCHIL, ALIETTE<br>25 NE 56TH TERR<br>OCALA, FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 2139 A NE 2nd Street<br>Ocala, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>CHAMCHIL, MORAD<br>25 NE 56TH TERR<br>OCALA, FL <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 2139 A NE 2nd Street<br>Ocala, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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 2/4/05 (352) 368-2250  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #  |  |

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02032005 Chg-P CR2E034 (10/03)