## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004749

Name:

Address:

City-St-Zip:

Entity Name: OLDEN DAVE & FINE ADTO I

FILED Jul 28, 2004 Secretary of State

Entity Name: OLDEN DAYS & FINE ARTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2300 TWENTY MILE LEVEL RD. LAND O' LAKES, FL 34639 **Current Mailing Address: New Mailing Address:** 2300 TWENTY MILE LEVEL RD. LAND O' LAKES, FL 34639 FEI Number: 57-1153241 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MACMANUS, ELIZABETH R 2300 TWENTY MILE LEVEL RD. LAND O' LAKES, FL 34639 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MACMANUS, ELIZABETH R Name: Name: Address: 2300 TWENTY MILE LEVEL RD. Address: City-St-Zip: LAND O' LAKES, FL 34639 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition HOEDT, PHYLLIS J Name: Name: Address: 202 W. LUTZ LAKE FERN RD. Address: City-St-Zip: LUTZ, FL 33548 City-St-Zip: Title: STD () Delete Title: () Change () Addition HIMES, TIM Name: Name: 2012 MEADOWBROOK DR. Address: Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: WILSKY, SUNDI Name: Address: 2870 WILSKY RD. Address: City-St-Zip: LAND O' LAKES, FL 34639 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

GERACI, NICK

LUTZ, FL 33558

19301 SUNLAKE BLVD.

SIGNATURE: ELIZABETH R. MCMANUS PD 07/28/2004