2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004749

Name:

Address:

City-St-Zip:

Entity Name: OLDEN DAYS & FINE ARTS INC

FILED Aug 21, 2007 Secretary of State

Entity Nai	ME: OLDEN DAYS & FINE ARTS, INC.			
Current P	rincipal Place of Business:	New Princ	New Principal Place of Business:	
LAND O LAKES 2300 20 MI LEVEL RD LAND O" LAKES, FL 34639		2300 20 MI	LAND O LAKES 2300 20 MILE LEVEL RD LAND O' LAKES, FL 34639	
Current Mailing Address:		New Maili	New Mailing Address:	
LAND O LAKES 2300 20 MI LEVEL RD LAND O" LAKES, FL 34639		2300 20 MI	LAND O' LAKES 2300 20 MILE LEVEL RD LAND O' LAKES, FL 34639	
In accordan	: 57-1153241 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not I Address of Current Registered Agent:	· ·		
2300 TWE LAND O' L The above	US, ELIZABETH R ENTY MILE LEVEL RD. AKES, FL 34639 US named entity submits this statement for the puse of Florida.	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered Agen	t	Date	
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete MACMANUS, ELIZABETH R 2300 TWENTY MILE LEVEL RD. LAND O' LAKES, FL 34639	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () Delete HOEDT, PHYLLIS J 202 W. LUTZ LAKE FERN RD. LUTZ, FL 33548	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () Delete HIMES, TIM 2012 MEADOWBROOK DR. LUTZ, FL 33558	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HIMES, TIM 2012 MEADOWBROOK DR. LUTZ, FL 33558	
Title: Name: Address: City-St-Zip:	D () Delete WILSKY, SUNDI 2870 WILSKY RD. LAND O' LAKES, FL 34639	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	() Delete	Title:	STD () Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:

MACMANUS, SUSAN A 2506 COLLIER PARKWAY

LAND O' LAKES, FL 34639

SIGNATURE: SUSAN A MACMANUS SEC 08/21/2007