


2005

CORPORATION  
ANNUAL REPORTFILED  
Apr 13, 2005 8:00 am  
Secretary of State

04-13-2005 90046 014 \*\*\*158.75

DOCUMENT # N07000001065			
1. Entity Name LIVE OAK ARTISTS GUILD, INC.			
Principal Place of Business PO BOX 1145 LIVE OAK, FL 32064		Mailing Address PO BOX 1145 LIVE OAK, FL 32064	
2. Principal Place of Business		3. Mailing Address 423 SW Montgomery Dr Lake City, F	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
32025	Columbia		
6. Name and Address of Current Registered Agent BLAKE, JOAN 1318 COPELAND ST. S.W. LIVE OAK, FL 32064		7. Name and Address of New Registered Agent Name: Wally Reichert Street Address (P.O. Box Number is Not Acceptable) 423 SW Montgomery Dr. Lake City City: FL Zip Code: 32025	
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: WALLY REICHERT, TREASURER		DATE: 4/7/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETTERSON, DAVE 9382 CR 143 JASPER, FL 32052 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eiken Box 8576 64th St. Live Oak, FL 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, DAWNE 1004 WELLER AVE. LIVE OAK, FL 32064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres Sue Langer 9478 14th Lane Live Oak, FL 32060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAKE, JOAN 1318 COPELAND STREET, S.W. LIVE OAK, FL 32064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joan Blake 1318 Copeland St SW Live Oak, FL 32064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANNON, GAYLE PO BOX 42 WELLBORN, FL 32094 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Wally Reichert 423 SW Montgomery Dr Lake City, FL 32025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, JOAN 1318 COPELAND ST. S.W. LIVE OAK, FL 32064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Dawne Strickland 1004 Weller Ave Live Oak, FL 32064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: WALLY REICHERT, TREASURER		DATE: 4/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	