


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000036154 1. Entity Name FIRST STREET GALLERY ARTISTS, INC. |  |
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| Principal Place of Business 216 B FIRST STREET NEPTUNE BEACH, FL 32266 | Mailing Address 216 B FIRST STREET NEPTUNE BEACH, FL 32266 |
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 59-3640674 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

HAWKINS, JEANNE M
1924 HOLLY OAKS ROAD, WEST
JACKSONVILLE, FL 32225

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IN THIS SPACE**

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HAWKINS, JEANNE M 1924 HOLLY OAKS LAKE ROAD, WEST JACKSONVILLE, FL 32225 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GRANDY, MARY 1927 BEACHSIDE COURT ATLANTIC BEACH, FL 32233 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHEETER, MARCIA 4260 BLEINHEIM PLACE JACKSONVILLE, FL 32225 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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03/18/04-80005-011 150.00

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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: JEANNE M. HAWKINS Jeanne M. Hawkins 3/15/04 904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr