


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90202 022 ***150.00

DOCUMENT # P00000064576 1. Entity Name VINTAGE ANTIQUES & ART, INC.			
Principal Place of Business 3355 BEARSS AVE TAMPA, FL 33618		Mailing Address 3355 BEARSS AVE 16528 N. Dale Mabry Hwy. TAMPA, FL 33618	
2. Principal Place of Business 4105 W. Dale Ave Suite, Apt. #, etc.		3. Mailing Address 16528 N. Dale Mabry Hwy Suite, Apt. #, etc.	
City & State Tampa, FL Zip 33609		City & State Tampa, FL Zip 33618	
4. FEI Number 59-3656514		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01292005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVE 16528 N. Dale Mabry Hwy. TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Sanders, Walter Street Address (P.O. Box Number is Not Acceptable) 16528 N. Dale Mabry Hwy City Tampa FL Zip Code 33618	
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 <u>Walter Sanders</u> <u>Walter Sanders</u> <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	D FITZGERALD, DEBRA 3084 MANNING AVENUE LOS ANGELES, CA 90064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Fitzgerald, Debra 4105 W. Dale Ave Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, THOMAS 3084 MANNING AVE LOS ANGELES, CA 90064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Debra Fitzgerald</u> <u>Debi Fitzgerald</u> <u>4/26/05</u> <u>8132501906</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			