

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000057656

1. Entity Name
**MCINTYRE STAINED GLASS STUDIO & ART GALLERY,
INC.**



Principal Place of Business

**2441 NORTHWEST 43RD STREET STE 11A
GAINESVILLE, FL 32606**

Mailing Address

**2441 NORTHWEST 43RD STREET STE 11A
GAINESVILLE, FL 32606**



01032006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3723255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRUEGER, SCOTT D
2790 NW 43RD STREET STE 200
GAINESVILLE, FL 32605**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MCINTYRE, MICHAEL W**
STREET ADDRESS **2441 NORTHWEST 43RD STREET STE 11A**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D**
NAME **MCINTYRE, MARY E**
STREET ADDRESS **2441 NORTHWEST 43RD STREET STE 11A**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE
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100000513086
04/29/06-80115-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-06 (352)372-2752