

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90134 022 \*\*\*150.00

**DOCUMENT # P01000098960**

1. Entity Name  
**LIVE ART, INC.**



Principal Place of Business  
**515 22ND STREET SOUTH  
 SUITE D  
 SAINT PETERSBURG FL 33712**

Mailing Address  
**POST OFFICE BOX 531891  
 SAINT PETERSBURG FL 33747**



2. Principal Place of Business  
**3620 DARTMOUTH AVE. N.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3620 DARTMOUTH AVE N.**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State  
**ST. PETERSBURG, FL.**

City & State  
**ST. PETERSBURG, FL.**

Zip  
**33713**

Country  
**FLORIDA**

Zip  
**33713**

Country  
**FLORIDA**

4. FEI Number **59-3749731** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARRIGAN, THOMAS J  
 1121 W HILLSBOROUGH AVE  
 TAMPA FL 33635**

7. Name and Address of New Registered Agent  
 Name **CARRIGAN, THOMAS J**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3910 Northdale Blvd SUITE #100**  
 City **TAMPA, FL** Zip Code **33624**

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  **RONALD L. GIACCAGLIA P.D.** DATE **3/7/05**

SIGNATURE REQUIRED OF PERSON NAMED AS REGISTERED AGENT AND, IF APPLICABLE, (NOT A REGISTERED AGENT SIGNATURE REQUIRED WHEN REINSTATING)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |                                 |
|--|---------------------------------|
| TITLE<br>PD                                  | <input type="checkbox"/> Delete |
| NAME<br>GIACCAGLIA, RONALD L                 |                                 |
| STREET ADDRESS<br>515 22ND STREET SOUTH      |                                 |
| CITY-ST-ZIP<br>SAINT PETERSBURG FL 33712     |                                 |
| TITLE<br>STD                                 | <input type="checkbox"/> Delete |
| NAME<br>CARRIGAN, THOMAS J                   |                                 |
| STREET ADDRESS<br>11282 W. HILLSBOUROUGH AVE |                                 |
| CITY-ST-ZIP<br>TAMPA FL 33635                |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                               |                                 |
| CITY-ST-ZIP                                  |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                               |                                 |
| CITY-ST-ZIP                                  |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                               |                                 |
| CITY-ST-ZIP                                  |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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  **RONALD L. GIACCAGLIA PD** DATE **3/7/05** (727) 224-1658

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR