

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90042 013 \*\*\*150.00

**DOCUMENT # P02000010357**

1. Entity Name  
**AMERICAN & AFRICAN ART & ANTIQUES, INC.**



Principal Place of Business  
**2722 18TH AVE. SOUTH  
SAINT PETERSBURG, FL 33712**

Mailing Address  
**2722 18TH AVE. SOUTH  
SAINT PETERSBURG, FL 33712**

**50004338**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number  
**90-0007650**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUCK, JAMES R  
2722 18TH AVE. SOUTH  
SAINT PETERSBURG, FL 33712**

7. Name and Address of New Registered Agent

Name **JAMES R LUCK**  
Street Address (P.O. Box Number is Not Acceptable)

**1034 17TH ST. SOUTH**  
City **ST PETERSBURG FL** Zip Code **33712**

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 *James R Luck* DATE *January 17 2005*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
NAME **LUCK, JAMES R**  
STREET ADDRESS **2722 18TH AVE. SOUTH**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

TITLE **PSD** ☒ Change ☐ Addition  
NAME **LUCK, JAMES R**  
STREET ADDRESS **1034 17TH ST. SOUTH**  
CITY-ST-ZIP **ST PETERSBURG, FL 33712**

TITLE **EVP** ☒ Delete  
NAME **SIMMONS, BARBARA**  
STREET ADDRESS **1034 17TH AVE. SOUTH**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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: *James R Luck, President* DATE *January 17 2005*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR