

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000063526

1. Entity Name  
GOLD LEAF GALLERY & FRAMING INC



Principal Place of Business  
110 N WOODLAND BLVD  
DELAND, FL 32720

Mailing Address  
110 N WOODLAND BLVD  
DELAND, FL 32720

**FILED  
May 04, 2006 08:00 AM  
Secretary of State**



**DO NOT WRITE IN THIS SPACE**

02112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1191863	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

FINCHER, WILLIAM B  
120 CHAMPLAIN DRIVE  
DELTONA, FL 32725-9072

**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 P  
NAME FINCHER, WILLIAM B  
STREET ADDRESS 120 CHAMPLAIN DRIVE  
CITY- ST- ZIP DELTONA, FL 32725

TITLE VST  
NAME FINCHER, DENISE J  
STREET ADDRESS 120 CHAMPLAIN DRIVE  
CITY- ST- ZIP DELTONA, FL 32725

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06 3869454001

Date

Daytime Phone #