

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90250 046 \*\*\*150.00

DOCUMENT # P03000116095

1. Entity Name  
GALLERY OF DESIGNS - FLEMING ISLAND, INC.



Principal Place of Business  
KAREN R SCAIFE  
1847 CHATHAM VILLAGE DRIVE  
ORANGE PARK, FL 32003

Mailing Address  
KAREN R SCAIFE  
1847 CHATHAM VILLAGE DRIVE  
ORANGE PARK, FL 32003

66422713



2. Principal Place of Business

JOHN F. TOLSON, JR.  
Suite, Apt. #, etc.  
462 KINGSLEY AVE. (SUITE 101)

3. Mailing Address

KAREN R. TORLEY SCAIFE  
Suite, Apt. #, etc.  
1847 CHATHAM VILLAGE DR.

04272004 Chg-P CR2E034 (10/03)

City & State  
ORANGE PARK, FL  
Zip  
32073  
Country  
U.S.A.

City & State  
ORANGE PARK, FL  
Zip  
32003  
Country  
U.S.A.

4. FEI Number  
20-0310164  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SCAIFE, KAREN R  
1847 CHATHAM VILLAGE DRIVE  
ORANGE PARK, FL 32003

7. Name and Address of New Registered Agent

Name  
JOHN F. TOLSON, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
462 KINGSLEY AVE.  
(SUITE 101)  
City  
ORANGE PARK, FL  
Zip Code  
32073

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]

Signature, typed or printed name of registered agent and trust, if applicable.

(NOTE: Registered agent signature required when reinstating)

4/27/04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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  
SCAIFE, KAREN R  
STREET ADDRESS  
1847 CHATHAM VILLAGE DRIVE  
CITY-ST-ZIP  
ORANGE PARK, FL 32003

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
(P)  
NAME  
KAREN R. TORLEY SCAIFE  
STREET ADDRESS  
1847 CHATHAM VILLAGE DR.  
CITY-ST-ZIP  
ORANGE PARK, FL 32003

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: Karen R. Torley Scaife

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/04

Daytime Phone #