

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/28/

FILED
Jun 18, 2004 8:00 am
Secretary of State

04-28-2004 90259 009 ***150.00

DOCUMENT # P03000130682 1. Entity Name OLD REVIVAL AUCTION HOUSE, INC.			
Principal Place of Business 1910 MANATEE AVE W BRADENTON, FL 34205		Mailing Address 1910 MANATEE AVE W BRADENTON, FL 34205	
2. Principal Place of Business 433 8th Ave. West		3. Mailing Address 433 8th Ave West	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PALMETTO, FL		City & State PALMETTO, FL	
Zip 34221		Zip 34221	
Country USA		Country USA	
4. FEI Number 20-0397148		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALLINS, SCOTT B 1910 MANATEE AVE W BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KALLINS, SCOTT B % 1910 MANATEE AVE W BRADENTON, FL 34205	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GERRISH, ROBERT N % 1910 MANATEE AVE W BRADENTON, FL 34205	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LITTLE, MELTON H % 1910 MANATEE AVE W BRADENTON, FL 34205	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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 information.			
SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			