## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 15, 2005 8:00 am **Secretary of State** DOCUMENT # P04000041953 1. Entity Name 03-15-2005 90022 024 \*\*\*150.00 ART GALLERYFLORIDA, INC. Principal Place of Business Mailing Address 110 SIENA WAY 110 SIENA WAY NAPLES FL 34119 NAPLES FL-34119 145 -115 2. Principal Place of Business Mailing Address 3231 Horse Carriago Way 3231 Horse Carria Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number 200828399 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired NIO. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DISTASIO, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 110 SIENA WAY 207 NAPLES FL 34119 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change 🗀 Addition TITLE Delete TITLE P-same DISTASIO, PATRICK J NAME NAME NAME - same 110 SIENA WAY #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP TITLE TITLE Delete P-Same POGUE, LARRY D NAME NAME 110 SIENA WAY\_#207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP -□ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**