

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

05-04-2005 90134 044 ***155.00

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|---|--|---|---|---|--|
| DOCUMENT # P04000076500 1. Entity Name THE GENEVA GALLERY, INC. | | | | | |
| Principal Place of Business 311 THIRD STREET NW WINTER HAVEN, FL 33881 | | | Mailing Address 311 THIRD STREET NW WINTER HAVEN, FL 33881 | | |
| 2. Principal Place of Business 1000-1 Orchid Springs Dr | | 3. Mailing Address Same | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Winter Haven, FL | | City & State | | 4. FEI Number 80-0107704 | |
| Zip 33884 | | Country Polk | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PAYNE, THOMAS D 311 THIRD STREET NW WINTER HAVEN, FL 33881 | | | 7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 1000-1 Orchid Springs Dr. City Winter Haven FL Zip Code 33884 | | |
| 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: <u><i>Thomas D Payne</i></u> Thomas D. Payne 6/29/05 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 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 | Director <input type="checkbox"/> Delete PAYNE, THOMAS D 958 LAQUINTA BLVD WINTER HAVEN, FL 33881 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete PAYNE, THOMAS D 958 LAQUINTA BLVD WINTER HAVEN, FL 33881 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director Payne, S. Charline 958 LaQuinta Blvd Winter Haven, FL 33881 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Thomas D Payne</i></u> 6 29 05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 863-297-1906 <small>Date Daytime Phone #</small> | | |

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