## **FILED** May 01, 2008 8:00 am Secretary of State

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,	ANNUAL REPORT
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05-01-2008 90220 040 \*\*\*150 00 **DOCUMENT # P04000081487** 1. Entity Name GINNY'S ANTIQUES & ART, INC. 40090582 Principal Place of Business Mailing Address 5602 MARINA DRIVE 5602 MARINA DRIVE HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217 Principal Place of Business No PO. Box # 03252008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 20-1152191 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUTTON, VIRGINIA J 5602 MARINA DRIVE HOLMES BEACH, FL 34217 Bracenton 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 at gistered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete DUTTON, VIRGINIA J NAME NAME 5602 MARINA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL 34217 CITY-ST-ZIP Change TITLE ☐ Delete THLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Delete Change Addition ODE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelele 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 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 on an attachment ith an address, with all-other like empowered. NAME OF SIGNING OFFICER OR D