

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000025067**

1. Entity Name  
**GREY FLANNEL GALLERY OF LAKEWOOD RANCH, INC.**



Principal Place of Business  
**8120 LAKEWOOD MAIN STREET  
SUITE 101  
SARASOTA, FL 34232 US**

Mailing Address  
**8120 LAKEWOOD MAIN STREET  
SUITE 101  
SARASOTA, FL 34232 US**



04042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2394334**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LPS CORPORATE SERVICES, INC.  
46 NORTH WASHINGTON BLVD.  
#1  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
ROSENKRANTZ, HOWARD M  
6708 193RD. STREET EAST  
BRADENTON,, FL 34211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
FURZEY, WILLIAM S  
3776 HAMPSHIRE LANE  
SARASOTA, FL 34232**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
ROSENKRANTZ, IRA C  
6787 ARECA BLVD.  
SARASOTA, FL 34241**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
JACOBSON, STEPHEN R  
3111 DICK WILSON DRIVE  
SARASOTA, FL 34240**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
HAYES, SCOTT B  
7420 SEA ISLAND LANE  
UNIVERSITY PARK, FL 34201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000926939  
05/20/08-80086-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/08 941-373-1740**