

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107778

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** SHAW GALLERY OF BONITA SPRINGS, INC.

**Current Principal Place of Business:**

8200 HEALTH CENTER BOULEVARD  
#103  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

8200 HEALTH CENTER BOULEVARD  
#103  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

761 FIFTH AVENUE SOUTH  
NAPLES, FL 34102 US

**FEI Number:** 20-3259398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAW, BARBARA  
761 FIFTH AVENUE SOUTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: SHAW, BARBARA  
Address: 761 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102 US

Title: D  
Name: SHAW, BARBARA  
Address: 761 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA SHAW

PRES

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date