

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097846

FILED
Sep 17, 2009
Secretary of State

Entity Name: CONNIE'S ART WORKSHOP AND GALLERY, INC.

Current Principal Place of Business:

997 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1005
MARCO ISLAND, FL 34146

New Mailing Address:

FEI Number: 26-1879458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, PATRICK J
997 N COLLIER BLVD
MARCO ISLAND, FL 34145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: RAWLINS, CONNIE
Address: 997 N COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145

Title: VPD (X) Delete
Name: PRANGE, MELISSA
Address: 1851 OLDS CT
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CONNIE RAWLINS

PRES

09/17/2009

Electronic Signature of Signing Officer or Director

_____ Date