2012 **FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 11 PM 4:49

DOCUMENT # P95000023396

1. Entity Name

RED DOOR GALLERY, INC.

Principal Place of Business
812 CAROLINE ST
KEY WEST FL 33040
US

Mailing Address
812 CAROLINE ST
KEY WESTT FL 33040
US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0583253 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLAIS, RENE
812 CAROLINE ST
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	☐ Delete
NAME	BLAIS, RENE	
STREET ADDRESS	812 CAROLINE STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	☐ Delete
NAME	GILSON, JOHN	
STREET ADDRESS	1113 VARELA ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	☐ Delete
NAME	GUNDOLF, MIKE	
STREET ADDRESS	1501 GULF BOULEVARD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE	V	☐ Delete
NAME	BICHOP, DEBORAH	
STREET ADDRESS	P.O. BOX 653	
CITY-ST-ZIP	SPRING VALLEY CA 91976	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	800217973908 01/11/12--01025--018 **150.00	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	U00000796344 01/29/08-80049-023 150.00	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rene Blais PRESIDENT RENE BLAIS 1/05/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone