2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000041355

1. Entity Name
KOKOPELLI CONTEMPORARY GALLERIES, INC.

Principal Place of Business	Mailing Address
4320 GULF SHORE BLVD N SUITE 206 NAPLES, FL 34103	4320 GULF SHORE BLVD N SUITE 206 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

01162005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0585773	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MILLS, PAUL S
6200 2ND ST.
STE #4
KEY WEST, FL 33040

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00 After May 1, 2005 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEESINGER, LOUISE
STREET ADDRESS	4320 GULF SHORE BLVD N SUITE 206
CITY-ST-ZIP	NAPLES, FL 34103

U00000264326
03/16/05-80011-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Louise Bresinger_ Louise Bresinger   3-12-05   239-261-7229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #