

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90042 029 \*\*\*150.00

DOCUMENT # P97000087241  
 1. Entity Name  
 SARA VAN ALSTYNE OLD PAINTINGS, INC.



Principal Place of Business: 1500 LK KNOWLES CIRCLE, WINTER PARK, FL 32789 US  
 Mailing Address: 1500 LAKE KNOWLES CIRCLE, WINTER PARK, FL 32789 US

34030603

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: PO Box 3343  
 City & State: Winter Park, Florida  
 Zip: 32790 - 3343



04182004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3473629 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: SALTSMAN, ROBERT P, 222 W. COMSTOCK AVENUE, SUITE 210, WINTER PARK, FL 32789  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: GREY, ANNE C STREET ADDRESS: 1500 LAKE KNOWLES CIRCLE CITY-ST-ZIP: WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Anne Cochran Grey 4/20/04 407-257-4676  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #