


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000053816	
1. Entity Name MCRAE ART STUDIOS, INC.	

Principal Place of Business 904 RAILROAD AVENUE, STE 200 WINTER PARK, FL 32789	Mailing Address 904 RAILROAD AVENUE, STE 200 WINTER PARK, FL 32789
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**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3518715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RUMPH, DONALD L  
820 LAKE KATHRYN CIRCLE  
CASSELBERRY, FL 32707

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IN THIS SPACE**

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 reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHIPPLE, JOHN 632 OLOLU DRIVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, RANDALL 1720 ONECO AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BACH, STEPHEN 604 BOURNE PL ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, TIMOTHY P.O. BOX 1474 WINTER PARK, FL 32790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELOGUIN, CHRISTINE 1034 AAROGON AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSTRANDER, MARY 2355 BROOKSHIRE AVENUE WINTER PARK, FL 32792

U00000684161  
04/06/07-80022-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary Ostrander 3-30-07 407-644-4643

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