

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093518

Entity Name: TWO FEATHERS GALLERY, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

833 E. NEW HAREN AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

833 E. NEW HAREN AVE.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3540276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEKS, CAROLYN
256 LOGGERHEAD DRIVE
MELBOURNE BEACH, FL 32951 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ALEKS, CAROLYN
Address: 256 LOGGERHEAD DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VPTD () Delete
Name: ALEKS, RONALD CLARK
Address: 256 LOGGERHEAD DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP () Delete
Name: ALEKS, SCOTT
Address: 5020 SOUTHWEST ELK RIVER COURT
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: ALEKS, ROBERT
Address: 1293 SOUTHWEST SEAGULL WAY
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: CAROLYN ALEKS

PRS

04/22/2009

Electronic Signature of Signing Officer or Director

Date