

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000093518

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** TWO FEATHERS GALLERY, INC.

**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

**OFFICERS AND DIRECTORS:**

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

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

**Title:** VP  
**Name:** ALEKS, SCOTT  
**Address:** 521 E ATLANTIC AVE  
**City-St-Zip:** DELRAY BCH, FL 33483

**Title:** VP  
**Name:** ALEKS, ROBERT  
**Address:** 1498 S.E. LEGACY COVE CIR  
**City-St-Zip:** STUART, FL 34997

I hereby 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 all other like empowered.

**SIGNATURE:** CAROLYN ALEKS

PRES

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date