


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90062 043 \*\*\*150.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # P98000098775</b><br>1. Entity Name<br><b>GALLERY OF KITCHENS, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>13251 MCGREGOR BLVD.<br/>FORT MYERS FL 33919<br/>US</b>   |  |  | Mailing Address<br><b>13251 MCGREGOR BLVD.<br/>FORT MYERS FL 33919<br/>US</b>   |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |  |  | City & State  |  |  |
| Zip   |  | Country  |   | Zip  |  |
| Country   |  | Country  |   | 4. FEI Number <b>59-3547522</b><br>Applied For <input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WOLFF, CASEY ESQ<br/>801 ANCHOR ROPE DR., NO. 203<br/>NAPLES FL 34103</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____   |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004: Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                     |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>ZINSBERGER, JOSEF<br/>3511 CROWPUT CT.<br/>BONITA SPRINGS FL 34134</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6801 LAKE DEVONWOOD DR<br/>FT. MYERS, FL. 33908</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST <input type="checkbox"/> Delete<br><b>ZINASBERGER, ROSA<br/>3511 CROWFUT CT.<br/>BONITA SPRINGS FL 34134</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6801 LAKE DEVONWOOD DR.<br/>FT. MYERS, FL. 33908</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP <input type="checkbox"/> Delete<br><b>ZINSBERGER, MARKUS<br/>3511 CROWFUT CT.<br/>BONITA SPRINGS FL 34134</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6801 LAKE DEVONWOOD DR.<br/>FT. MYERS, FL. 33908</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| 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. |  |  |   |  |  |
| <b>SIGNATURE: <i>R. Zinsberger</i> R. ZINSBERGER</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | <b>02-27-04 239-482-5552</b><br>Date Daytime Phone #  |  |  |