


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90035 020 ***150.00

DOCUMENT # P99000093405	
1. Entity Name TILTING AT WINDMILLS GALLERY, INC.	

Principal Place of Business 27180 BAY LANDING DR STE 4 BONITA SPRINGS, FL 34135	Mailing Address 27180 BAY LANDING DR STE 4 BONITA SPRINGS, FL 34135
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2. Principal Place of Business	3. Mailing Address PO BOX 1275
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MANCHESTER CENTER VT
Zip	Country USA



02032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3607627		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STAMM-CLAYTOR, SUZAN 26370 HICKORY BLVD #603 BONITA SPRINGS, FL 34134		
7. Name and Address of New Registered Agent Name: SUZAN STAMM-CLAYTOR Street Address (P.O. Box Number is Not Acceptable): 23074 Shady Knoll Lane City: Bonita Springs FL Zip Code: 34135		

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: Suzan Stamm-Claytor Suzan STAMM-CLAYTOR 3-13-04
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAMM-CLAYTOR, SUZAN 27180 BAY LANDING DRIVE STE 4 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CLAYTOR, HARRY F 27180 BAY LANDING DRIVE STE 4 BONITA SPRINGS, FL 34135 <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)(l), 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: Suzan Stamm-Claytor Suzan STAMM-CLAYTOR 3-13-04 800-360-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #