

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000093405

FILED
Jan 15, 2005
Secretary of State

Entity Name: TILTING AT WINDMILLS GALLERY, INC.

Current Principal Place of Business:

27180 BAY LANDING DR
STE 4
BONITA SPRINGS, FL 34135

New Principal Place of Business:

23074 SHADY KNOLL DRIVE
BONITA SPRINGS, FL 34135

Current Mailing Address:

PO BOX 1275
MANCHESTER CENTER, VT 05255

New Mailing Address:

FEI Number: 59-3607627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMM-CLAYTOR, SUZAN
23074 SHADY KNOLL LANE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

STAMM-CLAYTOR, SUZAN
23074 SHADY KNOLL DRIVE
BONITA SPRINGS, FL 34135 US

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: SUZAN STAMM-CLAYTOR

01/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STAMM-CLAYTOR, SUZAN
Address: 27180 BAY LANDING DRIVE STE 4
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPT () Delete
Name: CLAYTOR, HARRY F
Address: 27180 BAY LANDING DRIVE STE 4
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STAMM-CLAYTOR, SUZAN
Address: 23074 SHADY KNOLL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPT (X) Change () Addition
Name: CLAYTOR, HARRY F
Address: 23074 SHADY KNOLL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUZAN STAMM-CLAYTOR

PRES

01/15/2005

Electronic Signature of Signing Officer or Director

Date