

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10090

FILED
Apr 26, 2008
Secretary of State

Entity Name: SPILLERS FRAMING AND ART GALLERY, INC.

Current Principal Place of Business:

14286 BEACH BOULEVARD
SUITE 25
JACKSONVILLE, FL 32250

New Principal Place of Business:

6254 POWERS AVE.
UNIT 921
JACKSONVILLE, FL 32217

Current Mailing Address:

14286 BEACH BOULEVARD
SUITE 25
JACKSONVILLE, FL 32250

New Mailing Address:

1526 UNIVERSITY BLVD. W # 422
JACKSONVILLE, FL 32217

FEI Number: 59-3037449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CALVERT
14286 BEACH BOULEVARD
SUITE 25
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

SMITH, CALVERT
6820 LA LOMA DRIVE
JACKSONVILLE, FL 32217 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: CALVERT SMITH

04/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, CALVERT,
Address: 14286 BEACH BOULEVARD SUITE 25
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: SMITH, NORMA L.,
Address: 14286 BEACH BOULEVARD SUITE 25
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, CALVERT,
Address: 6820 LA LOMA DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Change () Addition
Name: SMITH, NORMA L.,
Address: 6820 LA LOMA DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

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: CALVERT SMITH

VP

04/26/2008

Electronic Signature of Signing Officer or Director

Date