2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S41981

1. Entity Name

A STEP ABOVE GALLERY, INC.



FILED Mar 03, 2004 08:00 AM Secretary of State

Principal Place of Business

1288 N. PALM AVE SARASOTA, FL 34236 Mailing Address

1288 N. PALM AVE SARASOTA, FL 34236



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, LOIS 1902 HARBOUR LINKS CIRCLE LONG BOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

LONG BOAT RET, PL 34226			IN THIS SPACE		
8. The above the obligat	a named entity submits this statement for the ρ tions of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered			Agent signature	gent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000075424 03/03/04-80059-007 150.00
10.	0. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, LOIS 1902 HARBOUR LINKS CIRCLE LONGBOAT KEY, FL 34228				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					·····
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby c	certify that the information supplied with this fill	ing does not qualify for the exem	iption stated	in Section 119.07(3)	(i), Florida Statutes. I further certify that the Information

12. I nereby certify that the information supplied with this filling 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

SIGNATURE:

Lois Ares

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