

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # V55513 1. Entity Name THE LAMP GALLERY, INC.					
Principal Place of Business 4135 M. L. KING JR. BLVD. FT. MYERS FL 33916 US			Mailing Address 8923 LELY ISLAND CIR NAPLES FL 34113		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FCI Number 65-0346832	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCGRATH, PETER J. 8923 LELY ISLAND CIR NAPLES FL 34113				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May E Trust Fund Contribution ☐ Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MCGRATH, PETER J 8923 LELY ISLAND CIRCLE NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U000000425254 02/18/06-80086-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WESSEL, NORMA R 8923 LELY ISLAND CIRCLE NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Peter J. McGrath* **PETER J. McGRATH 2/6/06 239-793-**