


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 593086
 1. Entity Name
A-COIN & STAMPS GALLERY, INC.



Principal Place of Business Mailing Address
 6217 ST AUGUSTINE RD 6217 ST AUGUSTINE RD
 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1866872 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HATCHETT, WILLIAM R
 6217 ST AUGUSTINE RD
 JACKSONVILLE, FL 32217

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST HATCHETT, WILLIAM R JR 6217 ST AUGUSTINE RD JACKSONVILLE, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HATCHETT, WILLIAM R IV 6217 ST AUGUSTINE RD JACKSONVILLE, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS HATCHETT, WILLIAM R., JR 6217 ST. AUGUSTINE ROAD JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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)(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: W. R. Hatchett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____