

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 593086

**FILED  
Sep 12, 2005  
Secretary of State**

**Entity Name:** A-COIN & STAMPS GALLERY, INC.

**Current Principal Place of Business:**

6217 ST AUGUSTINE RD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6217 ST AUGUSTINE RD  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-1866872      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HATCHETT, WILLIAM R  
6217 ST AUGUSTINE RD  
JACKSONVILLE, FL 32217      US

**Name and Address of New Registered Agent:**

HATCHETT, IV, WILLIAM R  
6217 ST AUGUSTINE RD  
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: WILLIAM R. HATCHETT, IV      09/12/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: VST      ( ) Delete  
Name: HATCHETT, WILLIAM R JR  
Address: 6217 ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 00000,

Title: P      (X) Delete  
Name: HATCHETT, WILLIAM R, IV  
Address: 6217 ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 00000,

Title: VS      (X) Delete  
Name: HATCHETT, WILLIAM R., , JR  
Address: 6217 ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P D      (X) Change ( ) Addition  
Name: HATCHETT IV, WILLIAM R  
Address: 6217 ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL., FL 32217

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM R. HATCHETT, IV      P D      09/12/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date