

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90016 043 \*\*\*150.00

**DOCUMENT # P03000030816**

1. Entity Name  
CLOTHES -N- THINGS, INC.

Principal Place of Business  
220 E. SEMORAN BLVD.  
CASSELBERRY, FL 32707 US

Mailing Address  
7802 KINGSPORTE PARKWAY  
SUITE #207-B  
ORLANDO, FL 32819 US

14000208



2. Principal Place of Business  
9401 W. Colonial Dr.

3. Mailing Address

Suite, Apt. #, etc.  
# 706

Suite, Apt. #, etc.  
# 207 A

03132004 Chg-P CR2E034 (10/03)

City & State  
Ocoee, FL

City & State

4. FEI Number  
13-4243240

Applied For  
Not Applicable

Zip  
34761

Country  
USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J.A.O. SERVICES, INC.  
7802 KINGSPORTE PARKWAY  
SUITE #207-B  
ORLANDO, FL 32819

Name  
Yunis Basem  
Street Address (P.O. Box Number is Not Acceptable)

8600 Sandlake Shore Dr.

City Orlando FL Zip Code 32936

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME YUNIS, BASEM  
STREET ADDRESS 8600 SANDLAKE SHORE DR.  
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/04

Date Daytime Phone #