


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90229 034 ***150.00

DOCUMENT # P03000058267

1. Entity Name
THE BARGAIN WAREHOUSE OF BUSHNELL, INC.



Principal Place of Business Mailing Address
 900-920 N. MAIN STREET 900-920 N. MAIN STREET
 BUSHNELL, FL 33513 BUSHNELL, FL 33513

2. Principal Place of Business 3. Mailing Address
 900 North Main St
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Bushnell
 Zip Country Zip Country
 33513 Sumter

01052004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 58-2671597 Not Applicable

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

6. Name and Address of Current Registered Agent
 BRYANT, FRAN
 17913 DRAYTON ST.
 SPRING HILL, FL 34610

7. Name and Address of New Registered Agent
 Name Erva Prevatt
 Street Address (P.O. Box Number is Not Acceptable)
 17818 Caulfield Rd
 City State Zip Code
 Brooksville FL 34610

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: *Erva M. Prevatt* DATE: 4/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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)(f), 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: *Erva M. Prevatt* Pres. DATE: 4/21/04 352-568-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #