

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90019 021 ***150.00

DOCUMENT # P96000097505



1. Entity Name
ANTIQUE ARMOIRE, INC.

Principal Place of Business
**16055 TAMPA PALMS BLVD., WEST
TAMPA, FL 33647**

Mailing Address
**16055 TAMPA PALMS BLVD., WEST
TAMPA, FL 33647**

54061330



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3422167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUPP, NANCY
16055 TAMPA PALMS BLVD., WEST
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**D
RUPP, NANCY
15501 BERENSON PLACE
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOWDER, VIVIAN
10005 HAMPTON PLACE
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Nancy J. Rupp Pres. **7/6/04** **813-972-4388**

VIVIAN LOWDER

Attachment

54061330
NANCY RUPP

P96000097505

Antique Armoire, Inc.

Home Decor and Fine Gifts

City Plaza Shopping Center
16055 Tampa Palms Blvd., Tampa, Florida 33647
(813) 972-4388

7/6/04

To Whom This May Concern,

Please be aware that I never received the original notice. I just received the enclosed "final notice".

Our store does not have access to the internet — so I had a friend download the enclosed form.

I'm sending a check for \$150⁰⁰

Please forgive the penalty, this is the first time that I have not filed timely.

I appreciate whatever you can do to help. Thank you.

Sincerely,
Nancy Rupp