

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097505

Entity Name: ANTIQUE ARMOIRE, INC.

FILED
Feb 08, 2006
Secretary of State

Current Principal Place of Business:

16055 TAMPA PALMS BLVD., WEST
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

16055 TAMPA PALMS BLVD., WEST
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3422167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUPP, NANCY
Address: 15501 BERENSON PLACE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: LOWDER, VIVIAN
Address: 10005 HAMPTON PLACE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: RUPP, NANCY
Address: 15501 BERENSON PLACE
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change () Addition
Name: LOWDER, VIVIAN
Address: 10005 HAMPTON PLACE
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NANCY F. RUPP

PRES

02/08/2006

Electronic Signature of Signing Officer or Director

Date