


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90323 024 ***150.00


DOCUMENT # P98000023794
 1. Entity Name
BARGAIN & TREASURES, INC.



Principal Place of Business Mailing Address
 17860 SE 109TH AVE. 17860 SE 109TH AVE.
 SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

14013627



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3501265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLIN, G. RICHARD
 14950 S. HWY 441
 SUMMERFIELD, FL 34420

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 _____ DATE _____
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYERS, STEVE 10130 SE 106TH ST. BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNICI, JUSTIN 10099 SE 106TH ST CANDLER, FL 32111
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	

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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)(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: Justin Cannici Pres. 4-27-04 352-347-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #