
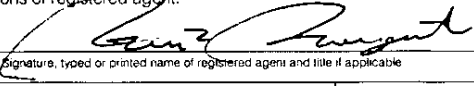
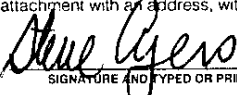


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90030 038 ***150.00

DOCUMENT # P98000023794			
1. Entity Name BARGAIN & TREASURES, INC.			
Principal Place of Business 17860 SE 109TH AVE. SUMMERFIELD, FL 34491		Mailing Address 17860 SE 109TH AVE. SUMMERFIELD, FL 34491	
2. Principal Place of Business - No P.O. Box # 4137 County Road 106		3. Mailing Address 4137 County Road 106	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Oxford, FL		City & State Oxford, FL	
Zip 34484	Country	Zip 34484	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAMBERLAIN, RICHARD 1450 S HWY 441 SUMMERFIELD, FL 34420		Name Swigert, Brett L. Street Address (P.O. Box Number is Not Acceptable) 1231 County Road 452 City Eustis FL Zip Code 32726	
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 		Brett L. Swigert 1-15-09	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D AYERS, STEVE 14375 SW 8TH AVE. OCALA, FL 34473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNICI, JUSTIN 10099 SE 106TH ST RANDLER, FL 32111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bellevue, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Steve Ayers, Pres 01/15/2008 (352)748-4050	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	