


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

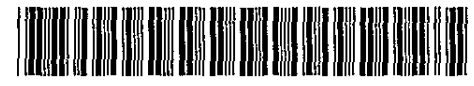
DOCUMENT # P99000069909
1. Entity Name
ARMY/NAVY FASHIONS, INC.



Principal Place of Business Mailing Address
**3811 B TAMIAMI TRAIL
PORT CHARLOTTE FL 33952-8361** **3811 B TAMIAMI TRAIL
PORT CHARLOTTE FL 33952-8361**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0936142				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			7. Name and Address of New Registered Agent	
ROZZO, ROBERT M 3811 B TAMIAMI TRAIL PORT CHARLOTTE FL 33952-8361			Name	
			Street Address (P O Box Number is Not Acceptable)	
			City	FL Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZZO, ROBERT M	NAME	
STREET ADDRESS	3811 B TAMIAMI TRAIL	STREET ADDRESS	U00000226814
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	02/12/05-80030-018 150.00
TITLE	VPTR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZZO, NANCY A	NAME	
STREET ADDRESS	3811B TAMIAMI TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  2/10/05 941-624-5199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #