

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90070 013 \*\*\*150.00

**DOCUMENT # 302306**

1. Entity Name

INA'S ANTIQUES, INC



Principal Place of Business

2935 CORINTHIAN AVE  
JACKSONVILLE FL 32210  
US

Mailing Address

2935 CORINTHIAN AVE  
JACKSONVILLE FL 32210  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1117986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOWRY, MARY K.  
3638 HEDRICK ST.  
JACKSONVILLE FL 32205

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

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, 2006 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

TITLE PTD ☐ Delete  
NAME MOWRY, MARY K  
STREET ADDRESS 3638 HEDRICK ST  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE SD ☐ Delete  
NAME COLLIER, THERESA MOWRY  
STREET ADDRESS 4737 KING RICHARD RD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Delete  
NAME ETTERS, MELANIE M  
STREET ADDRESS 3506 DUNDALK  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete  
NAME MOWRY, LAURA  
STREET ADDRESS 3053 E. HEARTWOOD LANE 3638 HEDRICK ST  
CITY-ST-ZIP HERNANDO FL 3442 JACKSONVILLE FL 32205

TITLE D ☐ Delete  
NAME MOWRY, HENRY P.  
STREET ADDRESS 1834 ARDEN WAY  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary K. Mowry / MARY K. MOWRY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 2006  
Date

904-387-1379  
Daytime Phone #