## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 05, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # 379343 E ANTIQUES, INC.					03-05-2004	90022 031 **	·*150.	.00	
Principal Plac	e of Business	Mailing Address	············	$\neg \neg$			, , ,			
17990 NW 7 REDDICK, FL	7TH AVENUE 32686	17990 NW 77TH AVENUE REDDICK, FL 32686								
2. Principal Place of Business		3. Mailing Address P. O. Box 90160								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242004	Chg-P	CR2E034 (10	0/03)		
City & State		Gainesville, F		_	4. FEI Number 59-1318850			Applied For Not Applicable		
Zip	Country	Zip	Country			of Status Desired-	\$8.7	5 Addi	tional	
-		32607-0160	u,SA		·		Fee R	Required		
	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New F	legistered Agent			
PINNER, KATHRYN GATES 17990 NW 77TH AVE REDDICK, FL 32686			Sal	Street Address (P.O. Box Number is Not Acceptable) 4904 Su 91 DR						
			Cjy	1100	1/2		FL Z	ip Code	40	
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! 1 FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11	
TITLE	P	☐ Delete	TITLE	San	ne.		<b>&gt;≾</b> 1≎	hange	☐ Addition	
NAME STREET ADDRESS	PINNER, KATHRYN GATES 17990 NW 77TH AVE		NAME STREET ADDRESS	490	45W 9	1 Dr.				
CITY-ST-ZIP	REDDICK, FL		CITY-ST-ZIP			LE, FL 3	2/008			
TITLE	ST	☐ Delete	TITLE	Sar	re		<b>X</b> C	hange	Addition	
NAME	GATES, JUANITA J	75,515	NAME	سممندا			, -			
STREET ADDRESS	17990 NW 77TH AVE		STREET ADDRESS			87 auc	Rd			
CITY-ST-ZIP	REDDICK, FL		CITY-ST-ZIP	Mic	anspy	PL 3	266/			
NAME		Delete	NAME	<u>-</u>		<del></del>	C	hange	- □ Addition _	
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NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						}	
12. I hereby o	certify that the information supplied with to not his report or supplied ental/report is proporation or the receiver or trustee and	n this filling does not qualify for the strue and accurate and that my powered to execute this report as	e exemption stat	ted in Sec lave the sapter 607.	ction 119.07(3)( ame legal effect Florida Statute	i), Florida Statutes. t as if made under s; and that my nam	I further certify that oath; that I am an le appears in Bloo	at the infofficer of	formation or director Block 11 if	
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 attraction with an address, with all other tike empowered.										
SIGNATURE: MANUEL SIGNATURE AND TYPEU OB FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #										