

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 401678

FILED
Apr 08, 2004
Secretary of State

Entity Name: ANTIQUES UNLIMITED, INC.

Current Principal Place of Business:

800 JAMES ST
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

1790 PINE GROVE AVE.
JACKSONVILLE, FL 32205 US

Current Mailing Address:

800 JAMES ST
JACKSONVILLE, FL 32205 US

New Mailing Address:

1790 PINE GROVE AVE.
JACKSONVILLE, FL 32205 US

FEI Number: 59-1396024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILTON, DAVID F.
1790 PINEGROVE AVENUE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILTON, DAVID F.,
Address: 1790 PINE GROVE AVE
City-St-Zip: JACKSONVILLE, FL

Title: VST () Delete
Name: MILTON, PATRICIA O.,
Address: 1790 PINE GROVE AVE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA O. MILTON

VST

04/08/2004

Electronic Signature of Signing Officer or Director

Date