

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 401960

Entity Name: IMPORT CITY, INC.

FILED  
Mar 31, 2005  
Secretary of State

## Current Principal Place of Business:

1000 N BEAL  
FT WALTON BEACH, FL 32547

## New Principal Place of Business:

## Current Mailing Address:

1000 N BEAL  
FT WALTON BEACH, FL 32547 US

## New Mailing Address:

FEI Number: 59-1406222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEEFE, LARRY  
909 MARUAH DR., SUITE 1014  
FORT WALTON BEACH, FL 32547 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: DP ( ) Delete  
Name: HOLLINGSWORTH, G M,  
Address: 217 PATRICK DR  
City-St-Zip: FT WALTON BEACH, FL00000,

Title: STD ( ) Delete  
Name: REEVES, DOYLE,  
Address: 9818 HWY 98 W  
City-St-Zip: DESTIN, FL

Title: VP ( ) Delete  
Name: MARSTELLER, MATT C VP  
Address: 958 DON DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DOYLE REEVES

STD

03/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date