



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90009 027 \*\*\*158.75

<b>DOCUMENT # 568163</b> 1. Entity Name <b>THE WINTER PARK STAMP AND COIN SHOP, INC.</b>					
Principal Place of Business <b>325 SOUTH ORLANDO AVENUE SUITE 1-2 WINTER PARK, FL 32789 US</b>			Mailing Address <b>325 SOUTH ORLANDO AVENUE SUITE 1-2 WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>Suite 1-14</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 1-14</b>		<b>60014648</b> 	
City & State 		City & State 		02102006 Chg-P CR2E034 (11/05)	
Zip 		Zip 		4. FEI Number <b>59-1830832</b>	
Country 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>ROGERS, MICHAEL 660 W FAIRBANKS AVE SUITE 4 WINTER PARK, FL 32789</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>336 Grove Avenue</b> <b>Suite B</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT ROGERS, MICHAEL 301 N INTERLACHEN AVE WINTER PARK, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u>Michael Rogers</u> <b>Michael Rogers</b> 2/10/06 407-628-1120					