

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 689954

1. Entity Name

ARMY-NAVY SURPLUS STORE, INC.



Principal Place of Business

76 BEAL PARKWAY NW
FORT WALTON BEACH FL 32548

Mailing Address

76 BEAL PARKWAY NW
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

NO-T APPLICABLE

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

TOWNS, W, S, JR
20 N SUNSET BLVD
76 BEAL PKWY NW FT WALTON BEACH, FL
GULF BREEZE FL 32561

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME TOWNS, DORIS E
STREET ADDRESS 76 BEAL PKWY NW
CITY- ST- ZIP FT WALTON BEACH, FL00000

TITLE PD ☐ Delete
NAME WALKER, DIANE T
STREET ADDRESS 209 HARRAND CREEK DR
CITY- ST- ZIP ENTERPRISE AL

TITLE TDS ☐ Delete
NAME TOWNS, W S JR
STREET ADDRESS 76 BEAL PKWY NW
CITY- ST- ZIP FT WALTON BEACH, FL00000

TITLE D ☐ Delete
NAME WALKER, EDWARD J
STREET ADDRESS 209 HARRAND CREEK DR
CITY- ST- ZIP ENTERPRISE AL

TITLE PD ☐ Delete
NAME WALKER, DIANE T
STREET ADDRESS 209 HARRAND CREEK DR
CITY- ST- ZIP ENTERPRISE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
NAME 100000240437
STREET ADDRESS 02/24/05-80003-014 150.00
CITY- ST- ZIP

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

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

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

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 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 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:

W. S. Towns, Jr.

W. S. Towns, Jr.

2-22-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #