


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		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOWNS, DORIS E	NAME			
STREET ADDRESS	76 BEAL PKWY NW	STREET ADDRESS			
CITY - ST - ZIP	FT WALTON BEACH, FL00000	CITY - ST - ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, DIANE T	NAME			
STREET ADDRESS	209 HARRAND CREEK DR	STREET ADDRESS			
CITY - ST - ZIP	ENTERPRISE AL	CITY - ST - ZIP			
TITLE	TDS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOWNS, W S JR	NAME			
STREET ADDRESS	76 BEAL PKWY NW	STREET ADDRESS			
CITY - ST - ZIP	FT WALTON BEACH, FL00000	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, EDWARD J	NAME			
STREET ADDRESS	209 HARRAND CREEK DR	STREET ADDRESS			
CITY - ST - ZIP	ENTERPRISE AL	CITY - ST - ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, DIANE T	NAME			
STREET ADDRESS	209 HARRAND CREEK DR	STREET ADDRESS			
CITY - ST - ZIP	ENTERPRISE FL	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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: <i>W.S. Towns, Jr.</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W.S. Towns, Jr		DATE 2-22-05	
				Daytime Phone #	



1st MOORE CR2E034 (10/04)