
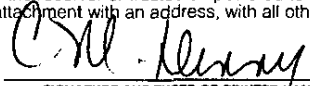


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90130 050 ***150.00

| | | | |
|---|---|--|-----------------|
| DOCUMENT # 847446 1. Entity Name COST-PLUS IMPORTS, INC. | |  | |
| Principal Place of Business CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801 | | Mailing Address CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD HORNE, A M 1209 ORANGE STREET WILMINGTON DE | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS DENNY, C.M. 1209 ORANGE STREET WILMINGTON DE | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD LUTTHANS, KIM E. 1209 ORANGE ST. WILMINGTON DE | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FERRUCCI, M.A. 1209 ORANGE ST. WILMINGTON DE | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition |
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| 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:  | | VICE PRESIDENT 4/28/04 (302)658-7581 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |



MOORE CR2E034 (11/03)

4. FEI Number **51-0168905** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

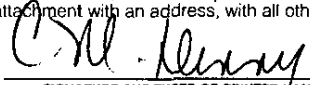
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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SIGNATURE:  **VICE PRESIDENT 4/28/04 (302)658-7581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #