


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # G43106</b> 1. Entity Name WAREHOUSE HOBBIES, INC.	
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FILED  
04 OCT 22 PM 3: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1180 CR 621 E LAKE PLACID, FL 33852 US	Mailing Address 1180 CR 621 E LAKE PLACID, FL 33852 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2439381	Chg-P	CR2E034 (10/03)
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Applied For		Not Applicable

<b>6. Name and Address of Current Registered Agent</b>  JERNIGAN, DARIAH 225 CLOVERLEAF RD LAKE PLACID, FL 33852	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City
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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>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P CASTRONOVO, ANTHONY M. <input type="checkbox"/> Delete STREET ADDRESS 1180 C.R. 621 E CITY-ST-ZIP LAKE PLACID, FL	TITLE NAME	P/S/T CASTRONOVO, ANTHONY M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1180 C.R. 621 E. CITY-ST-ZIP Lake Placid, Florida 33852
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	VP CASTRONOVO, PAMELA JEAN <input checked="" type="checkbox"/> Addition STREET ADDRESS 1180 C.R. 621 E. CITY-ST-ZIP Lake Placid, Florida 33852
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	500042114835 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/22/04--01069--020 **\$61.25
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<i>Propts</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Anthony M. Castronovo* 10-20-04 863 699-1231

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