## **FILED** Mar 10, 2006 08:00 AM

ANNUAL REPURI				Secretary of State			
DOCUMENT # H02866  1. Entity Name						Juli 3 01	State
ANTIQUE	ES AND HEIRLOOMS, INC.						
Principal Plac	e of Business	Mailing Address	<u>.</u> , . <del></del> .	1			
3550 ST. 101 JACKSONVILI	HNS AVE. Le, fl 32205	3550 ST. JOHNS AVE. JACKSONVILLE, FL 32205					
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<b>C</b>	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-241		{	Applied For Not Applicab
				5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current R	egistered Agent	The same spiritual and	The second secon		ي پوهين آڻي آئي سا	
	JOHNS AVENUE		As about the	de collecte à caballiame de come.	NOT W	****	The second secon
JACKSONVILLE, FL 32202			17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN T	THIS SP	ACE	5 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
						A repairs	The same of the sa
8. The above	named entity submits this statement for	the purpose of changing its register	ed office or registe	red agent, or bot	th, in the State of Flo	ırida. Lam tamiliar	with, and accep
the obligations of registered agent.							
the obligat	Will 3	VPC 1-T				3/10/06	
the obligat	Mulham & Ham A Signature, typed or printed name of redistered opens or	VP Secy / Treas	ed Agent signatura require	য ক্লাকা retratating)		3/10/06 DATE	
SIGNATURE.	William & Hom h	d title if applicable. (NOTE: Register	ncing _ \$5	d when retraining)  .00 May Be ded to Fees	800000 03/21 <b>/</b> 06		150.00
SIGNATURE.	Signature, typed or printed name of red state of special series and the state of th	9. Election Campaign Fina Trust Fund Contribution	ncing _ \$5	.00 May Ba	83/21 <b>/</b> 06	DATE	150.00
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12. I hereby certify that the information supplied with this filling 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 ascurate 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: Milhani 2

CCTY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

William E. Hope Jr

3/10/06