



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H02866</b> 1. Entity Name ANTIQUES AND HEIRLOOMS, INC.																																										
Principal Place of Business 3550 ST. JOHNS AVE. JACKSONVILLE, FL 32205	Mailing Address 3550 ST. JOHNS AVE. JACKSONVILLE, FL 32205																																									
<b>DO NOT WRITE IN THIS SPACE</b>		 01232007    No Chg-P    CR2E034 (11/05) 4. FEI Number 59-2410402 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																								
6. Name and Address of Current Registered Agent  HOPE, WILLIAM E 3550 ST. JOHNS AVENUE JACKSONVILLE, FL 32202		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>																																										
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 000000609527 02/01/07-80053-018 150.00																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>MCGIFF, ANDREA H</td></tr><tr><td>STREET ADDRESS</td><td>3550 ST JOHNS AVE</td></tr><tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE, FL 32202</td></tr><tr><td>TITLE</td><td>VSTD</td></tr><tr><td>NAME</td><td>HOPE, WILLIAM E JR</td></tr><tr><td>STREET ADDRESS</td><td>3550 ST. JOHNS AVE.</td></tr><tr><td>CITY-ST-ZIP</td><td>JACKSONVILLE, FL 32205</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PD	NAME	MCGIFF, ANDREA H	STREET ADDRESS	3550 ST JOHNS AVE	CITY-ST-ZIP	JACKSONVILLE, FL 32202	TITLE	VSTD	NAME	HOPE, WILLIAM E JR	STREET ADDRESS	3550 ST. JOHNS AVE.	CITY-ST-ZIP	JACKSONVILLE, FL 32205	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing 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 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: <u>William E Hope Jr</u> <u>William E. Hope, Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/29/07</u> Daytime Phone # <u>(904) 389-7992</u>																																								