


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # H09533		
1. Entity Name BURLINGTON COAT FACTORY WAREHOUSE OF JACKSONVILLE, INC.		

FILED  
04 MAY -3 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1830 ROUTE 130 NORTH C/O TAX DEPT. BURLINGTON, NJ 08016 US	Mailing Address 1830 ROUTE 130 NORTH C/O TAX DEPT. BURLINGTON, NJ 08016 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05052004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2434816		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEALE, WADE % BURLINGTON COAT FACTORY 25813 ROUTE 19 N. CLEARWATER, FL 34623		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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 STREET ADDRESS CITY-ST-ZIP	DP MILSTEIN, MONROE 1830 RT 130 N BURLINGTON, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP MILSTEIN, ANDREW R 1830 RT 130 N BURLINGTON, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LA PENTA, ROBERT 1830 ROUTE 130 NORTH BURLINGTON, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP MILSTEIN, STEPHEN 1830 ROUTE 130 N. BURLINGTON, NJ 08016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS TANG, PAUL C 1830 ROUTE 130 NORTH BURLINGTON, NJ 08016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800036279918  
05/13/04--01087--011 \*\*150.00

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

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Business Entity Name

**BURLINGTON COAT FACTORY WAREHOUSE OF JACKSONVILLE, INC.**

FEI Number	592434816
FEI Number Status	<input type="radio"/> Applied For <input type="radio"/> Not Applicable <input checked="" type="radio"/> Current
Certificate of Status Desired	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Principal Place of Business**

Address	1830 ROUTE 130 NORTH		
Suite, Apt. #, etc	C/O TAX DEPT.		
City, State	BURLINGOTN		NJ
Zip Code & Country	08016		US

**Mailing Address**

Address	1830 ROUTE 130 NORTH		
Suite, Apt. #, etc	C/O TAX DEPT.		
City, State	BURLINGOTN		NJ
Zip Code & Country	08016		US

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)	SEALE	WADE		
-or- RA Business Name				
Address	BURLINGTON COAT FACTORY			
Suite, Apt. #, etc	25813 ROUTE 19 N.			
City, State	CLEARWATER		FL	
Zip Code & Country	34623		US	

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**



## Division of Corporations

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Business Entity Name

**BURLINGTON COAT FACTORY WAREHOUSE OF JACKSONVILLE, INC.**Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title	CDP		
Name (Last, First, Middle, Title)	MILSTEIN	MONROE	G
-or- Entity Name			
Street Address	1830 ROUTE 130 NORTH		
City, State	BURLINGTON	NJ	
Zip Code & Country	08016	US	

Title	D.VB		
Name (Last, First, Middle, Title)	MILSTEIN	ANDREW	R
-or- Entity Name			
Street Address	1830 ROUTE 130 NORTH		
City, State	BURLINGTON	NJ	
Zip Code & Country	08016	US	

Title	CFO		
Name (Last, First, Middle, Title)	LA PENTA	ROBERT	L
-or- Entity Name			
Street Address	1830 ROUTE 130 NORTH		
City, State	BURLINGTON	NJ	
Zip Code & Country	08016	US	

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Title	D VP		
Name (Last, First, Middle, Title)	MILSTEIN	STEPHEN	E
-or- Entity Name			
Street Address	1830 ROUTE 130 NORTH		
City, State	BURLINGTON	NJ	
Zip Code & Country	08016	US	

Title	VP S		
Name (Last, First, Middle, Title)	TANG	PAUL	C
-or- Entity Name			
Street Address	1830 ROUTE 130 NORTH		
City, State	BURLINGTON	NJ	
Zip Code & Country	08016	US	

Title	COO		
Name (Last, First, Middle, Title)	NESCI	MARK	P
-or- Entity Name			
Street Address	1830 ROUTE 130 NORTH		
City, State	BURLINGTON	NJ	
Zip Code & Country	08016	US	

☐ List more than six Officers/Directors • No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	CFO
Officer/Director Signature	ROBERT L. LA PENTA

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