

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20877

FILED
Feb 04, 2005
Secretary of State

Entity Name: THOM DOWNS ANTIQUES, INC.

Current Principal Place of Business:

C/O THOMAS W. DOWNS
235 NORTH FLORIDA AVE.
LAKE LAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

C/O THOMAS W. DOWNS
235 NORTH FLORIDA AVE.
LAKE LAND, FL 33801

New Mailing Address:

FEI Number: 59-2446766 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOWNS, THOMAS W.
235 NORTH FLORIDA AVE.
LAKE LAND, FL 33801 US

Name and Address of New Registered Agent:

DOWNS, THOMAS W PRES
235 NORTH FLORIDA AVE.
LAKE LAND, FL 33801 US

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.

SIGNATURE: THOMAS W. DOWNS 02/04/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DOWNS, THOMAS W.,
Address: 1005 S OAK AVE.
City-St-Zip: BARTOW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DOWNS, THOMAS W PRES
Address: 1005 S OAK AVE.
City-St-Zip: BARTOW, FL 33830 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W.DOWNS PRES 02/04/2005

Electronic Signature of Signing Officer or Director Date