


Closed 10/19/02

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H27425 # 899 1. Entity Name FASHION BUG PLUS OF NORTH FT. MYERS, INC.	
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FILED
05 MAY 10 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13482 US 41 N. N. FT. MYERS, FL 33903 US	Mailing Address 450 WINKS LN CORPORATE TAX BENSALEM, PA 19020 US
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2. Principal Place of Business 3750 Stale Road Suite, Apt. #, etc. Tax Compliance City & State Bensalem PA Zip 19020 Country Bucks	3. Mailing Address 3750 Stale Road Suite, Apt. #, etc. Tax Compliance City & State Bensalem PA Zip 19020 Country Bucks
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04012005 Chg-P CR2E034 (10/03)

4. FEI Number 23-2361024	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: John Sullivan 4-25-05 (215) 633-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #