


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # H61510 |  |
| 1. Entity Name THE MARGARITAVILLE STORE, INC. | |

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|---|---|
| Principal Place of Business 424 A FLEMING STREET KEY WEST, FL 33040 | Mailing Address 424 A FLEMING STREET KEY WEST, FL 33040 |
|---|---|

DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 59-2572543 | 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

**SMITH, DONNA
424 A FLEMING STREET
KEY WEST, FL 33040**

DO NOT WRITE
IN THIS SPACE

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 _____

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| FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BUFFETT, JIMMY 424-A FLEMING STREET KEY WEST, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, DONNA 424-A FLEMING STREET KEY WEST, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HUMPHREY, STEVE 2119 SPICE AVE ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U00000486753
04/13/06-80050-006 150.00

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: *[Handwritten Signature]* **DATE:** *3/24/06* **Daytime Phone #:** *(305) 296-9089*