

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35588

FILED
Jan 14, 2009
Secretary of State

Entity Name: PARK STREET ANTIQUES CENTER, INC.

Current Principal Place of Business:

9401 BAY PINES BLVD.
ST PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

9401 BAY PINES BLVD.
ST PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 59-2734079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTNER, ALAN S. JR PA
350 GULF BLVD
SUITE 2
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

CHRISTNER, ALAN S. JR PA
8540 140TH ST N
SEMINOLE, FL 33777 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:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOOD, JOANNE L.,
Address: 364 BOCA CIEQA PT BLVD
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VSD () Delete
Name: GOOD, LARRY J.,
Address: 364 BOCA CIEQA PT BLVD
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T () Delete
Name: GOOD, KEVIN
Address: 8853 124 TH WAY N
City-St-Zip: SEMINOLE, FL 33772

Title: S () Delete
Name: GOOD, KEN
Address: 10502 51ST TERR N
City-St-Zip: SAINT PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KEVIN GOOD

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date