

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90081 001 *3,000.00

66022112



06192006 Chg-P CR2E034 (11/05)

4. FEI Number
58-1757272

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # J87794

1. Entity Name
THE RAG SHOP/JACKSONVILLE, INC.



Principal Place of Business
**7201 SHOPPES DRIVE UNIT 103
VIERA, FL 32940 US**

Mailing Address
**111 WAGARAW RD
HAWTHORNE, NJ 07506**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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)
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STAFFIERI, RONALD			NAME	Mark Syrstad		
STREET ADDRESS	111 WAGARAW ROAD			STREET ADDRESS	111 Wagaraw Road		
CITY-ST-ZIP	HAWTHORNE, NJ 07506			CITY-ST-ZIP	Hawthorne, NJ 07506		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOYKAS, SUSAN			NAME	James D. Allen		
STREET ADDRESS	111 WAGARAW ROAD			STREET ADDRESS	111 Wagaraw Road		
CITY-ST-ZIP	HAWTHORNE, NJ 07506			CITY-ST-ZIP	Hawthorne, NJ 07506		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KING, SCOTT T			NAME			
STREET ADDRESS	111 WAGARAW ROAD.			STREET ADDRESS			
CITY-ST-ZIP	HAWTHORNE, NJ 07506			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOMBARDO, JUDITH.			NAME			
STREET ADDRESS	111 WAGARAW ROAD.			STREET ADDRESS			
CITY-ST-ZIP	HAWTHORNE, NJ			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE	S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNETT, STEVEN			NAME			
STREET ADDRESS	111 WAGARAW ROAD'			STREET ADDRESS			
CITY-ST-ZIP	HAWTHORNE, NJ			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Steven B. Barnett Steven B. Barnett 7/11/2006 973-423-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #