


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J97781</b> 1. Entity Name <b>TOP DRAWER CLOTHIERS, INC.</b>	
---	---

Principal Place of Business <b>3305 SW BICOPA PL PALM CITY, FL 34990</b>	Mailing Address <b>3305 SW BICOPA PL PALM CITY, FL 34990</b>
---	---

**DO NOT WRITE IN THIS SPACE**

02182004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	--

**6. Name and Address of Current Registered Agent**

**WEISS, JEROME  
3305 SW BICOPA PL  
PALM CITY, FL 32963**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000062907  
02/23/04-80139-025 158.75

**10. OFFICERS AND DIRECTORS**

DODCU MENU TDUUD#EAAT d0 iTD00	DP <b>WEISS, JEROME 3305 SW BICOPA PL PALM CITY, FL 34990</b>
---	--

DODCU MENU TDUUD#EAAT d0 iTD00	V <b>WHITT, CARLA A 1375 BURTWOOD DRIVE FT. MYERS, FL</b>
---	--

DODCU MENU TDUUD#EAAT d0 iTD00	TDS <b>WEISS, JOYCE A 3305 SW BICOPA PL PALM CITY, FL 34990</b>
---	--

DODCU MENU TDUUD#EAAT d0 iTD00	
---	--

DODCU MENU TDUUD#EAAT d0 iTD00	
---	--

DODCU MENU TDUUD#EAAT d0 iTD00	
---	--

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEROME WEISS**

Date

Daytime Phone #

**2/23/04 (772) 287-2845**