

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90029 038 \*\*\*158.75

40003713



| <b>DOCUMENT # J97781</b><br>1. Entity Name<br><b>TOP DRAWER CLOTHIERS, INC.</b>   |  |  |   |   |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
|---|--|--|---|---|--|----------------------------|------------------|---|--|--|--|--|---|--|--|--|--|--|--|--|---|--|---|--|--|--|---|--|--|--|---|--|--|
| Principal Place of Business<br><b>3305 SW BICOPA PL</b><br><b>PALM CITY, FL 34990</b>   |  |  | Mailing Address<br><b>3305 SW BICOPA PL</b><br><b>PALM CITY, FL 34990</b>                                     |   |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| 2. Principal Place of Business<br><b>4427 SW RIVERS END WAY</b>   |  | 3. Mailing Address<br><b>4427 SW RIVERS END WAY</b>  |   |   |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| Suite, Apt. #, etc.<br>   |  | Suite, Apt. #, etc.<br>  |   | 01132005    Chg-P    CR2E034 (10/03)  |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| City & State<br><b>PALM CITY    FL</b>  |  | City & State<br><b>PALM CITY    FL</b>   |   | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| Zip<br><b>34990</b>   |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WEISS, JEROME</b><br><b>3305 SW BICOPA PL</b><br><b>PALM CITY, FL 32963</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4427 SW RIVERS END WAY</b><br>City <b>PALM CITY</b> <b>FL</b> Zip Code <b>34990</b> |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |   |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="width: 70%; padding: 2px;">           DP<br/>WEISS, JEROME<br/><del>3305 SW BICOPA PL</del><br/>PALM CITY, FL 34990           <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> <td style="width: 30%; padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="width: 70%; padding: 2px;"> <input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition<br/> <b>4427 SW RIVERS END WAY</b> </td> </tr> <tr> <td style="padding: 2px;">           TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP         </td> <td style="padding: 2px;">           V<br/>WHITT, CARLA A<br/><del>4375 BURTWOOD DRIVE</del><br/>FT. 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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.   |  |  |   |   |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| <table style="width:100%;"> <tr> <td style="width: 40%;"> <b>SIGNATURE:</b> </td> <td style="width: 20%; text-align: center;"> <b>PRESIDENT</b> </td> <td style="width: 40%; text-align: right;"> <b>1/20/05 (772) 287-2845</b> </td> </tr> <tr> <td colspan="3" style="font-size: small; text-align: center;">           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR         </td> </tr> </table>   |  |  |   |   |  | <b>SIGNATURE:</b>          | <b>PRESIDENT</b> | <b>1/20/05 (772) 287-2845</b>                         | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
| <b>SIGNATURE:</b>   | <b>PRESIDENT</b>   | <b>1/20/05 (772) 287-2845</b>  |   |   |  |                            |                  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |  |  |   |  |  |  |   |  |  |
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