

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # K36157
 1. Entity Name
WENDY'S THRIFT SHOP, INC.



Principal Place of Business Mailing Address
2628 WESTGATE AVE **1580 MAY POP RD**
WEST PALM BCH, FL 33409 US **WEST PALM BEACH, FL 33415 US**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0096863 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GOODHUE, THOMAS EVERETT
1580 MAY POP RD
W. PALM BEACH, FL 33415

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODHUE, WENDY MARIE 1580 MAY POP RD WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODHUE, THOMAS EVERETT 1580 MAY POP RD WEST PALM BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 empowerments.

SIGNATURE: Thomas Goodhue Tom Goodhue 1-13-04 (561) 963-8753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #