


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90052 014 ***150.00

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

DO NOT WRITE IN THIS SPACE

40008729



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0006863-65-0096763 Not Applicable

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

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 reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS:

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 lists empowered.

SIGNATURE: *Thomas Everett Goodhue* 1-25-05 561-683-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #