## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

ANNUAL REPORT			Jan 14, 2005 08:00			
DOCUMENT # K87397  1. Entity Name 999 STORE INCORPORATED	·			Se	cretary	of Stat
4250 N DIXIE HWY	Mailing Address 4250 N DIXIE HWY FT. LAUDERDALE, FL 33334					
DO NOT WRITE I		CE	01062005 4. FEI Numb 65-012	No Chg-P	CR2E034 (1	
6. Name and Address of Current Registered Agent TEGREENY, TERRENCE R. 2216 N.E. 20TH AVE. FT. LAUDERDALE, FL 33305				NOT W THIS SP		
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 little If applicable. (NOTE: Registered Agent signature required when reinstanting)  CATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		00 May Be ed to Fees	U0000 0173 <b>4</b> 705	0181318 80042-02	t tsn AA
10. OFFICERS AND DIRE  TITLE D  NAME TEGREENY, TERRENCE R.  STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	CTORS			** 1 12 T		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		,		NOT W		
CITY-ST-ZIP TITLE						

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IN TOR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//// 57 974 18 5-/057 - Date - Dayline Phone 4