DOCUMENT # L 0 4 0 0 0 0 0 4830

NOOK N' CRANAY ANTIQUES & MORE, LLC



FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90044 033 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10100 PENSACOLA BLOD.	3. Mailing Address 10100 PENSACGIA BLUD.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

20050867

DO NOT WRITE IN THIS SPACE

City & State PENSHCOLA	FL.	City & State PENSACOLA		4. FEI Number 90 - 0140983	Applied For		
zip 32534	Country USA	Zip 32534	Country U.S.A	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
				7. Name and Address of Current Register	7. Name and Address of Current Registered Agent		
			Nomo				

DO NOT WRITE IN THIS SPACE

Name KENNETH BRADLEY	
Street Address (P.O. Box Number is Not Acceptable) 5 2 3 1 DEER CREEK DR.	

	PACE	FL 3257/
8.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State o	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	
January 1 - May 1 Fee Is \$150.00			

After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS

TITLE

OWNER, MGRM

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CITY-ST-ZIP PACE FL 3257/ TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME NAME STREET ADDRESS STY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE IN THIS SPACE CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	

Indicated on this report or 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 original true of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH B.