

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-19-2007 90033 043 ***158.75

DOCUMENT # L26902 1. Entity Name COMIC WAREHOUSE, INC.	
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Principal Place of Business 1029 AIRPORT-PULLING ROAD NORTH #B-6 NAPLES, FL 34104 US	Mailing Address 1029 AIRPORT-PULLING ROAD NORTH #B-6 NAPLES, FL 34104 US
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01152007 No Chg-P CR2E034 (11/05)

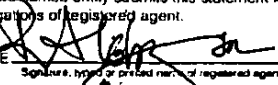
4. FEI Number 65-0169019	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KOBZINA, ROBERT A., JR. 1029 AIRPORT-PULLING RD N #B-6 NAPLES, FL 34104
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**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 reissuing)

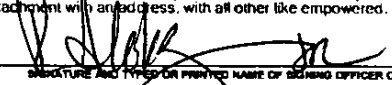
**FILE NOW!! FEE IS \$450.00
After May 1, 2007 Fee will be \$550.00**

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	D KOBZINA, ROBERT A., JR. 6021 WESTPORT LANE NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBZINA, CHRISTINA H.S. 6021 WESTPORT LANE NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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:  DATE: _____ Daytime Phone: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR