

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40443

FILED
Apr 03, 2009
Secretary of State

Entity Name: ANTIQUES ETCETERA, INC.

Current Principal Place of Business:

530 E NEW HAVEN AVE
P.O. BOX 2717
MELBOURNE, FL 329022717

New Principal Place of Business:

530 E NEW HAVEN AVE
MELBOURNE, FL 32901

Current Mailing Address:

530 E NEW HAVEN AVE
P.O. BOX 2717
MELBOURNE, FL 329022717

New Mailing Address:

530 E NEW HAVEN AVE
MELBOURNE, FL 32901

FEI Number: 59-3002373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALKIAS, MARTHA M VICE-PR
530 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VST () Delete
Name: HALKIAS, MARTHA
Address: 320 ORLANDO BLVD.
City-St-Zip: INDIALANTIC, FL 32903

Title: P () Delete
Name: HALKIAS, DENISE
Address: 320 ORLANDO BLVD.
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA HALKIAS

VP

04/03/2009

Electronic Signature of Signing Officer or Director

Date