


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90018 029 \*\*\*150.00

<b>DOCUMENT # M81641</b>	
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1. Entity Name  
PAULINE POCOCK ANTIQUES, INC.

Principal Place of Business  
607 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301

Mailing Address  
607 EAST LAS OLAS BLVD.  
FT. LAUDERDALE, FL 33301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
65-0053276

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

KLISTON, TODD W.  
8211 W. BROWARD BLVD.  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	POCOCK, PAULINE	
STREET ADDRESS	431 SAN MARCO DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	POCOCK, STUART	
STREET ADDRESS	1101 N.E. FIRST ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POCOCK, ANDREW	
STREET ADDRESS	431 SAN MARCO DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE, FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	POCOCK, NEIL	
STREET ADDRESS	431 SAN MARCO DR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	431 SAN MARCO DRIVE	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Stuart Pocock* STUART POCOCK

2-2-04

954 525 3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #