

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81641

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: PAULINE POCOCK ANTIQUES, INC.

## Current Principal Place of Business:

1200 EAST LAS OLAS BLVD  
SUITE 102  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

## Current Mailing Address:

1200 EAST LAS OLAS BLVD  
SUITE 102  
FT. LAUDERDALE, FL 33301

## New Mailing Address:

FEI Number: 65-0053276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLISTON, TODD W.  
8211 W. BROWARD BLVD.  
PLANTATION, FL 33324 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: PRES ( ) Delete  
Name: POCOCK, STUART J  
Address: 1101 N.E. FIRST ST.  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VP ( ) Delete  
Name: POCOCK, NEIL  
Address: 431 SAN MARCO DRIVE  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: SECR ( ) Delete  
Name: POCOCK, SUSANA G  
Address: 1101 N.E. FIRST ST.  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: STUART POCOCK

PRES

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date