2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002052

FILED Apr 28, 2007 Secretary of State

Entity Name: THE JOHNNY GLENN THRIFT AND CONSIGNMENT SHOP, INC.

Current Principal Place of Business: New Principal Place of Business:

8105 CONDOR ST. BUILDING 18, PO BOX 6248 8105 CONDOR ST. , BUILDING 18

TAMPA, FL 33608 TAMPA, FL 33608

Current Mailing Address: New Mailing Address:

8105 CONDOR ST. BUILDING 18, PO BOX 6248 PO BOX 6248 TAMPA, FL 33608 TAMPA, FL 33608

FEI Number: 20-4503130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PHILHOWER, SHERI MANAGER 8105 CONDOR ST. BUILDING 18 TAMPA, FL 33608 US PHILHOWER, SHERI MANAGER 8105 CONDOR ST. BUILDING 18 TAMPA, FL 33608 US

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: SHERI PHILHOWER 04/28/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition JONES, HOLLY HOLLEN, CAROL Name: Name: 2009 MCCLELLAND AVE Address: 1723 BILLY MITCHELL LOOP Address: City-St-Zip: TAMPA, FL 33621 City-St-Zip: TAMPA, FL 33621 Title: Title: (X) Change () Addition () Delete SWANSON, BRENDA BRANTING, MICHELLE Name: Name:

 Name:
 SWANSON, BRENDA
 Name:
 BRANTING, MICHELLE

 Address:
 3926 BAY VIEW AVE
 Address:
 210 BLOOMINGFIELD DRIVE

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 BRANDON, FL 33511

Title: D () Delete Title: () Change () Addition Name: STIVES, CHRISTINE G Name:

 Name:
 STIVES, CHRISTINE G
 Name:

 Address:
 954 HARBOUR BAY DRIVE
 Address:

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 ANDERSON, STEVE
 Name:
 PATCH, KELLY

 Address:
 501 116TH AVE N 24
 Address:
 7913F TINKER STREET

 City-St-Zip:
 ST PETERSBURG, FL 33716
 City-St-Zip:
 TAMPA, FL 33621

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HALPIN, ALICIA
 Name:
 MORIARTY, CINDY

 Address:
 2102 MCCLELLAND AVE
 Address:
 2106 MCCLELLAND AVE

 City-St-Zip:
 TAMPA, FL 33621
 City-St-Zip:
 TAMPA, FL 33621

Title: D () Delete Title: () Change () Addition

 Name:
 ZEIGLER, CHEREE
 Name:

 Address:
 2824 WEST SHELTON AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE STIVES D 04/28/2007