


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90036 029 \*\*\*150.00

<b>DOCUMENT # P00000001596</b>			
1. Entity Name <b>TRADER JACK'S ANTIQUES, INC.</b>			
Principal Place of Business <b>706 N.E. HWY 19 CRYSTAL RIVER FL 34429</b>		Mailing Address <b>P.O. BOX 488 CRYSTAL RIVER FL 34423</b>	
2. Principal Place of Business <b>9210 N. U.S. Hwy 301</b> Suite, Apt. #, etc. <b>Wildwood, FL</b> City & State		3. Mailing Address <b>9210 N. U.S. Hwy 301</b> Suite, Apt. #, etc. <b>Wildwood, FL</b> City & State	
Zip <b>34785</b>	Country <b>U.S.A.</b>	Zip <b>34785</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent <b>DOTSON, THOMAS E 222 S.E. KINGS BAY DR. CRYSTAL RIVER FL 34429</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9210 N. U.S. Hwy 301</b> City <b>Wildwood</b> <b>FL</b> Zip Code <b>34785</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTSON, THOMAS E 706 N.E. HWY 19 CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9210 N. U.S. Hwy 301</b> <b>Wildwood, FL 34785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTSON, PATRICIA J 706 N.E. HWY 19 CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9210 N. U.S. Hwy 301</b> <b>Wildwood, FL 34785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Patricia J. Dotson* **Patricia J. Dotson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/04** **352-330-0493**  
Date Daytime Phone #