

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000014252 1. Entity Name AFFORDABLE TREASURES OF THE PAST, INC.	
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Principal Place of Business 1544 N.E. 28TH DRIVE WILTON MANORS, FL 33334	Mailing Address 1544 N.E. 28TH DRIVE WILTON MANORS, FL 33334
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01252004 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0989958	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELOACH, BARBARA 1544 N.E. 28TH DRIVE WILTON MANORS, FL 33334

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IN THIS SPACE**

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: <u><i>Barbara DeLoach</i></u> DATE: <u>1/25/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LOACH, BARBARA 1544 NE 28 DRIVE WILTON MANORS, FL 33334
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02/03/04-80032-014 155.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Barbara DeLoach</i></u> DATE: <u>1/25/04</u> (954) 557-5706 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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