

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90076 033 ***150.00

DOCUMENT # P00000015099

1. Entity Name
COLLECTIBLE TREASURES DOLLHOUSE, INC.



Principal Place of Business

2458 COMMERCE AVE
SPRING HILL, FL 34606 US

Mailing Address

2458 COMMERCE AVE
SPRING HILL, FL 34606 US

24074367

2. Principal Place of Business

3433 DELTONA BLVD
Suite, Apt. #, etc.
SPRING Hill

3. Mailing Address

265 CLEARFIELD AVE
Suite, Apt. #, etc.
SPRING Hill



04282004 Chg-P CR2E034 (10/03)

City & State

FL 34606

City & State

SPRING Hill

4. FEI Number

59-3627508

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 34606 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTALINO, DAVID B
2458 COMMERCE AVE
SPRING HILL, FL 34606

265 CLEARFIELD AVE
SPRING Hill
FL 34606

7. Name and Address of New Registered Agent

Name BARTALINO, DAVID B

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

265 CLEARFIELD AVE

City

SPRING Hill

FL

Zip Code

34606

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

5-6-2004

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 | DPV | <input checked="" type="checkbox"/> Delete |
| NAME | BARTALINO, DAVID B | |
| STREET ADDRESS | 2458 COMMERCE AVE | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | BARTALINO, DAVID B | |
| STREET ADDRESS | 2458 COMMERCE AVE | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | DPV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVID BARTALINO | |
| STREET ADDRESS | 265 Clearfield ave | |
| CITY-ST-ZIP | Spring Hill, FL 34606 | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVID B BARTALINO | |
| STREET ADDRESS | 265 Clearfield ave | |
| CITY-ST-ZIP | Spring Hill, FL 34606 | |
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-688-6505