2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019866

City-St-Zip:

BOCA RATON, FL 33496

Entity Name: ARMY-NAVY MERCANTILE, INC

FILED Mar 16, 2005 Secretary of State

Littly Na	IIIC. ARMIT-N	AVT WERCANTIEE, INC.				
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:		
4130 SW 64TH AVE/DAVIE RD DAVIE, FL 33314			1701 SO STATE ROAD POMPANO BEACH, FL		US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:		
1649 N. MILITARY TRAIL WEST PALM BEACH, FL 33409				1649 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 US		
FEI Number	: 20-0013309	FEI Number Applied For()	FEI Number Not Applicable ()	Certifica	ate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
17170 GRABOCA RA	ITZ, SAMUEL AND BAY DRI TON, FL 3349 named entity of Florida.	6 US	ourpose of changing its registered	office or r	egistered agent, or both,	
SIGNATUI						
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (ZACKOWITZ, \$ 17170 GRAND BOCA RATON,	BAY DRIVE	Title: (Name: Address: City-St-Zip:) Change	() Addition	
Title: Name: Address: City-St-Zip:	VPD (LITSKY, PETE 17170 GRAND BOCA RATON,	BAY DRIVE	Title: (Name: Address: City-St-Zip:) Change	() Addition	
Title: Name: Address:	STD (ZACKOWITZ, I 17170 GRAND		Title: (Name: Address:) Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: SAMUEL ZACKOWITZ PRES 03/16/2005