

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90058 001 ***450.00

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1. Entity Name
DELRAY BEACH ANTIQUE MALL, INC.



Principal Place of Business
1350 NORTH FEDERAL HIGHWAY
DELRAY BEACH, FL 33483

Mailing Address
1350 NORTH FEDERAL HIGHWAY
DELRAY BEACH, FL 33483



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1026328

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RECHNER, ANTON
1350 NORTH FEDERAL HIGHWAY
DELRAY BEACH, FL 33483

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALEXANDER, PHYLLIS
STREET ADDRESS 1350 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE V
NAME RECHNER, ANTON
STREET ADDRESS 1350 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Anton Rechner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07 361-274-8000