

Closed 8-17-02

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000051526

1. Entity Name
FASHION BUG #3476, INC.



FILED

05 MAY 10 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13221 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

Mailing Address
3750 STATE ROAD
7B13
BENSALEM, PA 19020



2. Principal Place of Business

3750 State Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04012005

Chg-P

CR2E034 (10/03)

Tax Compliance

City & State

Bensalem PA

City & State

Zip
19020

Country
Pucks

Zip

Country

4. FEI Number

52-2249439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SULLIVAN, JOHN
450 WINKS LANE
BENSALEM, PA 19020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SPECLER, ERIC
450 WINKS LANE
BENSALEM, PA 19020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
GLUECK, NEAL
450 WINKS LANE
BENSALEM, PA 19020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400054751124
05/19/05--01002--018 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Sullivan

4-25-05

(215) 633-4883

Date

Daytime Phone #