## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2005 08:00 AM Secretary of State

DOCUMENT # P0000065857  1. Entity Name MAIN GATE FLEA MARKET PRICES, INC.			Secretary of State		
Principal Place of Business Mailing Address 5399 W IRLO BRONSON MEMORIAL HWY 5399 W IRLO BRONSON MEMORIAL KISSIMMEE, FL 34746 KISSIMMEE, FL 34746		ORIAL HWY			
DO NOT WRITE	And the second s	CE	03252005 4. FEI Numb NOT AF		2E034 (10/03)  Applied For Not Applicable \$8.75 Additional Fee Required
8. Name and Address of Current YOUNG, JOHNSON 5399 W IRLO BRONSON MEMORIAL HI KISSIMMEE, FL 34746			<del>-</del>	NOT WRITHIS SPACE	
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	r the purpose of changing its register	rad office or register	ed agent, or bo	th, in the State of Florida, I	am familiar with, and accept
SIGNATURE	and little if applicable. (NOTE: Register)	ed Agent signature required	(when reinstating)	DA DA	TÉ
FILE NOW!!! FEE 13 \$150.00 After May 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees	U000000325; 04/23/05-800	?73 09-013 150.00
10. OFFICERS AND  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTORS				<del>-</del> ::
TITLE NAME STREET ADDRESS CUY-SI-ZIP TITLE NAME STREET ADDRESS CUY-SI-ZIP CUY-SI-ZIP	<u> </u>			NOT WRI	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·				
12. Thereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, v	this filing does not qualify for the exe true and accurate and that my signal wered to execute this report as requi with all other like empowered.	Imption stated in Section shall have the street by Chapter 607,	ction 119.07(3)(same legal effect, Florida Statute	i), Florida Statutes, I further that as if made under cath, that is, and that my name appearance in the state of the state	certify that the information at I am an officer or director rs in Block 10 or Block 11 if