

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90006 048 ***150.00

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|---|---|---|--|---|--|
| DOCUMENT # P00000106090 1. Entity Name THE SCRAPBOOK STORE, INC. | | | | | |
| Principal Place of Business 10584-8 OLD SAINT AUGUSTINE ROAD JACKSONVILLE, FL 32257 | | | Mailing Address 4398 CARRIAGE CROSSING DR JACKSONVILLE, FL 32258 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 605 FALCON FORK WAY Suite, Apt. #, etc. | | | |
| City & State | | City & State JACKSONVILLE FL | | 4. FEI Number 59-3681457 | |
| Zip 32259 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOWARD A. CAPLAN, ATTORNEY, P.A. 3900 ATLANTIC BLVD JACKSONVILLE, FL 32207 | | | 7. Name and Address of New Registered Agent Name HOWARD A. CAPLAN, ATTORNEY, P.A. Street Address (P.O. Box Number is Not Acceptable) 6260 DUPONT STATION COURT, SUITE C City JACKSONVILLE FL Zip Code 32217 | | |
| 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 HOWARD A. CAPLAN, ATTORNEY, P.A. DATE 3-22-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP BENNETT, JANET G 4398 CARRIAGE CROSSING DR JACKSONVILLE, FL 32258 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS BENNETT, J. MICHAEL 4398 CARRIAGE CROSSING DR JACKSONVILLE, FL 32258 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T/S BENNETT, J. MICHAEL 605 FALCON FORK WAY JACKSONVILLE FL 32259 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: J. Michael Bennett J. MICHAEL BENNETT 3-22-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

904-891-7944