



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90037 050 ***150.00

DOCUMENT # P01000007803 1. Entity Name AUNTIE Q'S ANTIQUES & COLLECTIBLES, INC.					
Principal Place of Business 516 WEST 129TH AVENUE TAMPA, FL 33612			Mailing Address 516 WEST 129TH AVENUE TAMPA, FL 33612		
2. Principal Place of Business - No P.O. Box # 5005 PIKEVIEW RD		3. Mailing Address 5005 PIKEVIEW RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State RIDGE MANOR, FL		City & State RIDGE MANOR, FL		4. FEI Number 59-3709282	
Zip 33523		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, RONALD J 516 WEST 129TH AVENUE TAMPA, FL 33612			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 5005 - PIKEVIEW RD City RIDGE MANOR FL Zip Code 33523		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD WOOD, RONALD J 516 WEST 129TH AVENUE TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5005 PIKEVIEW RD RIDGE MANOR, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WOOD, LEE ANN J 516 WEST 129TH AVENUE TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5005 PIKEVIEW RD RIDGE MANOR, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  LEE ANN J WOOD			4/7/08		813-781-7191
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>