


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000022472	
1. Entity Name ALAN'S ANTIQUES, INC.	

Principal Place of Business 935 RIDGEWOOD AVE HOLLYHILL, FL 32117	Mailing Address 935 RIDGEWOOD AVE HOLLYHILL, FL 32117
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DO NOT WRITE IN THIS SPACE

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04052004 No Chg-P CR2E034 (10/03)


4. FEI Number 59-3698394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PARSONS, ALAN
1321 DAYTONA AVE
HOLLYHILL, FL 32117

**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  4-30-04 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)


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	000000153790 05/04/04-80143-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PARSONS, ALAN
STREET ADDRESS	1321 DAYTONA AVE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	VP
NAME	PAULSEN, JOHN
STREET ADDRESS	1321 DAYTONA AVE
CITY-ST-ZIP	HOLLYHILL, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  43002 DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #