## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 22, 2004 08:00 AM -Secretary of State DOCUMENT # P01000087112 1. Entity Name DOLLAR DEPOT INC. Principal Place of Business Mailing Address 3215 SOUTH US # 1 307 SW DEGOUVEA TERR FORT PIERCE, FL 34982 PORT ST LUCIE, FL 34984 04182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1135683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LOWE, RICHARD L DO NOT WRITE 307 SW DEGOUVEA TERR PORT ST LUCIE, FL 34984 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnsture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LOWE, RICHARD L 307 SW DEGOUVEA TERR STREET ADDRESS U00000125579 04/22/04-80091-005 150.00 CITY-ST-ZIP PORT ST LUCIE, FL 34984 TITLE STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE Natur STREET ADORESS CITY-ST-78P TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filting 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 life empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04

(772) 460.222

**FILED**