


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

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| DOCUMENT # P02000005105 1. Entity Name THE BLACK ROOSTER ANTIQUES & LAMPS, INC. | |  |
| Principal Place of Business 2808 CORRINE DR. ORLANDO, FL 32803 US | | Mailing Address 2808 CORRINE DR. ORLANDO, FL 32803 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent TUDOR, MICHAEL 1714 WESTCHESTER AVE WINTER PARK, FL 32789 | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P TUDOR, MICHAEL 1714 WESTCHESTER AVE WINTER PARK, FL 32789 | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 1/17/05 Daytime Phone # 895-8303 |



01042005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 90-0000872 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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U00000188838
01/24/05-80071-015 150.00

**DO NOT WRITE
IN THIS SPACE**