

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90322 005 \*\*\*150.00

<b>DOCUMENT # P02000026955</b> 1. Entity Name <b>UNION JACK STORE, INC.</b>			
Principal Place of Business <b>2772 DEPOT AVENUE SANFORD, FL 32773</b>		Mailing Address <b>2457-A HIAWASSEE BLVD. #135 ORLANDO, FL 32835</b>	
2. Principal Place of Business <b>925 CORNWALL ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>1645 PO BOX</b> Suite, Apt. #, etc.	
City & State <b>SANFORD FL</b>		City & State <b>WINDERMERE FL</b>	
Zip <b>FL</b>	Country <b>32773</b>	Zip <b>34786</b>	Country <b>USA</b>
4. FEI Number <b>01-0627703</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROBERTS, LYN 9110 SABAL PALM CIRCLE WINDERMERE, FL 34786</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 restate.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ROBERTS, LYN 9110 SABAL PALM CIRCLE WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:		Date <b>28th April 2004</b> Daytime Phone # <b>407 370 2023</b>	