

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031949

FILED
Mar 01, 2006
Secretary of State

Entity Name: YE OLDE HIPPIE WORKSHOP, INCORPORATED

Current Principal Place of Business:

699 SHRIMP ROAD
KEY WEST, FL 33020

New Principal Place of Business:

Current Mailing Address:

1213 MARGARET STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 04-3674297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGLINCHEY, COLIN
699 SHRIMP ROAD
KEY WEST, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MCGLINCHEY, COLIN
Address: 699 SHRIMP ROAD
City-St-Zip: KEY WEST, FL 33020

Title: VS () Delete
Name: GARD, DAVID
Address: 699 SHRIMP ROAD
City-St-Zip: KEY WEST, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN MCGLINCHEY

PRES

03/01/2006

Electronic Signature of Signing Officer or Director

Date