


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90071 040 ***150.00

DOCUMENT # P02000059612 1. Entity Name EVERYTHING \$1.99, INC.					
Principal Place of Business 6550 INTERNATIONAL DRIVE 104 ORLANDO, FL 32819			Mailing Address 5215 FLYING EAGLE LANE KISSIMMEE, FL 34746		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6012 WINDHOVER DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT - B			
City & State		City & State ORLANDO FL			
Zip 32819	Country	Zip 32819	Country ORANGE	4. FEI Number 02-0606667	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANSARI, NAILA N 5215 FLYING EAGLE LANE KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANSARI, NAILA N 5215 FLYING EAGLE LANE KISSIMMEE, FL 34746 <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 exemptions contained 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 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: Naila N Ansari <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/27/07 Daytime Phone # 407-248-1178		

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04292007 Chg-P CR2E034 (12/06)

4. FEI Number
02-0606667

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

ANSARI, NAILA N
5215 FLYING EAGLE LANE
KISSIMMEE, FL 34746

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE: **Naila N Ansari**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/27/07** Daytime Phone # **407-248-1178**