2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2004 08:00 AM **Secretary of State DOCUMENT # P02000090460** 1. Entity Name TIN CITY ANTIQUE MALL, INC. Principal Place of Business Mailing Address 11740 SAN JOSE BLVD PO BOX 600435 JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32260 01282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2293505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORGAN, ROBERT M DO NOT WRITE 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257 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 little if applicable (NOTE, Registered Agent signature regulined when reinstalling) U00000031963 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 02/04/04-80170-009 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Ð TITLE DOLL, CHARLES EDWARD III 1401 STARLIGHT CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32259 IME DOLL, CYNTHIA ANN NAME STREET ADDRESS 1401 STARLIGHT CT CITY-ST-ZIP JACKSONVILLE, FL 32259 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-04

904-425-0000

FILED