


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90228 036 ***158.75

DOCUMENT # P02000101044 1. Entity Name SHABBY ABBY'S ANTIQUE SALES, INC.													
Principal Place of Business 9800 GRIFFIN RD FORT LAUDERDALE, FL 33328 US			Mailing Address 13521 OLD SHERIDAN STREET SOUTH WEST RANCHES, FL 33330 US										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.											
City & State Zip Country		City & State Zip Country		4. FEI Number 02-0650250 Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01162004 Chg-P CR2E034 (10/03)									
6. Name and Address of Current Registered Agent OSBORNE, DONNA M 13521 OLD SHERIDAN STREET SOUTH WEST RANCHES, FL 33330			7. Name and Address of New Registered Agent: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">Name</td></tr> <tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>City</td> <td> <div style="border: 1px solid black; padding: 2px;">FL</div> Zip Code </td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	<div style="border: 1px solid black; padding: 2px;">FL</div> Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	<div style="border: 1px solid black; padding: 2px;">FL</div> 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, 2004 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	P OSBORNE, DONNA M 13521 OLD SHERIDAN STREET SOUTH WEST RANCHES, FL 33330	<input type="checkbox"/> Delete											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <i>Donna M. Osborne / Donna M. Osborne</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>													
Date 4-18-04				(954) 252-9226 Daytime Phone #									