

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90015 044 ***158.75

DOCUMENT # P02000116899

1. Entity Name

THE DOWN THE STREET BEAD SHOW CORPORATION



Principal Place of Business

421 W MINNESOTA AVE
ORANGE CITY, FL 32763

Mailing Address

421 W MINNESOTA AVE
ORANGE CITY, FL 32763

DO NOT WRITE IN THIS SPACE



03232005

No Chg-P

CR2E034 (10/03)

4. FEI Number

06-1660027

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUETIER, AUDREY
421 W MINNESOTA AVE
ORANGE CITY, FL 32763

**DO NOT WRITE
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

AUDREY QUETIER

Signature, typed or printed name of registered agent and title if applicable.

Audrey Quetier

(NOTE: Registered Agent signature required when reinstating)

3/23/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
QUETIER, AUDREY
421 W MINNESOTA AVE
ORANGE CITY, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BALDWIN, FREDRICK
421 W MINNESOTA AVE
ORANGE CITY, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Audrey Quetier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05

Date

Daytime Phone #

386 774 2735