

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90066 042 \*\*\*150.00

DOCUMENT # P03000009533

1. Entity Name

ANTIQUES & TREASURES OF PLANT CITY, INC.



Principal Place of Business

107 NORTH COLLINS STREET  
PLANT CITY FL 33563

Mailing Address

107 NORTH COLLINS STREET  
PLANT CITY FL 33563



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 82-0670134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCHA, CLAUDETTE D  
4560 MEADOWOOD DRIVE  
MULBERRY FL 33860

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☐ Delete  
NAME: ROCHA, CLAUDETTE D  
STREET ADDRESS: 4560 MEADOWOOD DR.  
CITY ST ZIP: MULBERRY FL 33860

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: V ☐ Delete  
NAME: GRAY, QUAY  
STREET ADDRESS: 708 N KNIGHT ST.  
CITY ST ZIP: ~~NAYADRE FL 32566~~

TITLE: ☐ Change ☐ Addition  
NAME: GRAY, QUAY ☒ Change ☐ Addition  
STREET ADDRESS: 708 N KNIGHT ST. ☒ Change ☐ Addition  
CITY ST ZIP: PLANT CITY FL 33563 ☒ Change ☐ Addition

TITLE: V ☐ Delete  
NAME: OGDEN, GAIL  
STREET ADDRESS: 2604 ROBIN DR.  
CITY ST ZIP: PLANT CITY FL 33566

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

TITLE: S ☐ Delete  
NAME: LEIGHTON, STEPHANIE L  
STREET ADDRESS: 1207 S EVERS ST.  
CITY ST ZIP: PLANT CITY FL 33563

TITLE: ☐ Change ☐ Addition  
NAME: Leighton, Stephanie L ☒ Change ☐ Addition  
STREET ADDRESS: 1307 S. Evers St. ☒ Change ☐ Addition  
CITY ST ZIP: Plant City, FL 33563 ☒ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ~~ROCHA, PETE~~  
STREET ADDRESS: 4560 MEADOWOOD DR  
CITY ST ZIP: MULBERRY FL 33860

TITLE: ☐ Change ☐ Addition  
NAME: Rocha, Pete ☒ Change ☐ Addition  
STREET ADDRESS: 4560 Meadowood DR ☒ Change ☐ Addition  
CITY ST ZIP: Mulberry FL 33860 ☒ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY ST ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY ST ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Claudette D. Rocha (Claudette D. Rocha)

3/3/07

813-7524626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #