2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P03000009533

Entity Name: ANTIQUES & TREASURES OF PLANT CITY, INC.

Current Principal Place of Business:

107 NORTH COLLINS STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

107 NORTH COLLINS STREET
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 02-0670134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROCHA, CLAUDETTE D
4560 MEADOWOOD DRIVE
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRAY, QUAY
Address: 708 N KNIGHT ST
City-St-Zip: PLANT CITY, FL 33563

Title: VP ( ) Delete
Name: ROCHA, CLAUDETTE
Address: 4560 MEADOWOOD DR
City-St-Zip: MULBERRY, FL 33860

Title: V ( ) Delete
Name: OGDEN, GAIL
Address: 2604 ROBIN DR.
City-St-Zip: PLANT CITY, FL 33566

Title: S ( ) Delete
Name: LEIGHTON, STEPHANIE L
Address: 1307 S. EVERS ST.
City-St-Zip: PLANT CITY, FL 33563

Title: T ( ) Delete
Name: ROCHA, PETE
Address: 4560 MEADOWOOD DR
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDETTE D ROCHA VP 01/27/2009

Electronic Signature of Signing Officer or Director — Date