
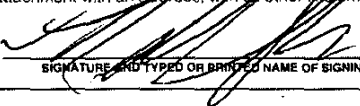


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90306 007 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000054715					
1. Entity Name PHREAKIES SMOKE SHOP CLOTHING & MORE, INC.					
Principal Place of Business 5900 S. TAMiami TRAIL SUITE #1 SARASOTA, FL 34231			Mailing Address 5900 S. TAMiami TRAIL SUITE #1 SARASOTA, FL 34231		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SHAEFER, KELLY R 6571 WATERFORD CIRCLE SARASOTA, FL 34238			7. Name and Address of New Registered Agent Name SHAEFER, KELLY R. Street Address (Box Number is Not Acceptable) 5900 S. TAMiami TRAIL, SUITE J SARASOTA City FL Zip Code 34231		
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  DATE 4/16/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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					
TITLE	DPST	<input type="checkbox"/> Delete			
NAME	SHAEFER, KELLY R				
STREET ADDRESS	6571 WATERFORD CIRCLE				
CITY-ST-ZIP	SARASOTA, FL 34238				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SHAEFER, KELLY R.				
STREET ADDRESS	5900 S. TAMiami TRAIL, STE. J				
CITY-ST-ZIP	SARASOTA, FL 34231				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  DATE 4/16/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					