2004 FOR PROFIT CORPORATION ANNUAL REPORT

REJECTED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02052004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000060471

1. Entity Name
TREASURE DEPOT, INC.

Principal Place of Business	Mailing Address
6311 SW 34 CT MIRAMAR, FL 33023 US	6311 SW 34 CT MIRAMAR, FL 33023 US

2. Principal Place of Business	3. Mailing Address
3939 SPRING PARK RD	
Suite, Apt. #, etc.: C-2	Suite, Apt. #, etc.:
City & State: JACKSONVILLE, FL	City & State:
Zip: 32207 Country: U.S.A.	Zip: Country:

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LIMBERT, CHARLES E
6311 SW 34 CT
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

Name: LIMBERT, CHARLES E.
Street Address (P.O. Box Number is Not Acceptable): 3939 SPRING PARK RD. C-19
City: Jacksonville FL Zip Code: 32207

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: Charles E. Limbert J.D.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MILDRED H 3939 SPRING PARK RD. C-2 JACKSONVILLE,, FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Mildred H. Johnson 4/23/04 (904)737-4833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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