

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90481 047 ***150.00

DOCUMENT # P03000060671 1. Entity Name LADY DOLLAR, INC.					
Principal Place of Business 335 FRANKLIN STREET ROCKY MOUNT, VA 24151			Mailing Address 335 FRANKLIN STREET ROCKY MOUNT, VA 24151		
2. Principal Place of Business Same		3. Mailing Address 1725 Morningside Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Middleburg FL		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32068	Country USA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, JONATHAN H ESQ 1377 CASSAT AVENUE JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name Rhoda G. Saunders Street Address (P.O. Box Number is Not Acceptable) 1725 Morningside Dr. City Middleburg FL Zip Code 32068		
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 <u>Rhoda G. Saunders</u> DATE <u>4/22/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Rhoda G. Saunders</u> DATE <u>4/22/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					