

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

02-22-2005 90021 024 ***150.00

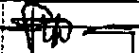
DOCUMENT # P03000079038 1. Entity Name THE HOBBY SUPERSTORE.COM INC.					
Principal Place of Business 2455 E. SUNRISE BOULEVARD PENTHOUSE NORTH FT. LAUDERDALE FL 33304			Mailing Address 2455 E. SUNRISE BOULEVARD PENTHOUSE NORTH FT. LAUDERDALE FL 33304		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number AP-PLIED FOR	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENIS, HARRY 2455 E. SUNRISE BOULEVARD PENTHOUSE NORTH FT. LAUDERDALE FL 33304				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VENIS, HARRY 2455 E. SUNRISE BOULEVARD, PHN FT. LAUDERDALE FL 33304	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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: _____ Director 1-26-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

#P03000079038
66007369Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)EIN **20-2545436**

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested THEHOBBYSUPERSTORES COM INC		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 2455 E SUNRISE BLVD PHN		5a Street address (if different) (Do not enter a P.O. box.) SAME AS MAILING ADDRESS
	4b City, state, and ZIP code FORT LAUDERDALE FL 33304		5b City, state, and ZIP code
	6 County and state where principal business is located BROWARD FL		
	7a Name of principal officer, general partner, grantor, owner, or trustor GEORGE P WARRICK		7b SSN, ITIN, or EIN 262-66-8025
8a Type of entity (check only one box)			
☐ Sole proprietor (SSN) _____ ☐ Partnership _____ ☒ Corporation (enter form number to be filed) ▶ 11208 ☐ Personal service corp. ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ _____ ☐ Other (specify) ▶ _____			
☐ Estate (SSN of decedent) _____ ☐ Plan administrator (SSN) _____ ☐ Trust (SSN of grantor) _____ ☐ National Guard ☐ State/local government ☐ Farmers' cooperative ☐ Federal government/military ☐ REMIC ☐ Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State FL Foreign country _____			
9 Reason for applying (check only one box)			
☒ Started new business (specify type) ▶ INTERNET HOBBY STORE ☐ Hired employees (Check the box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶ _____			
☐ Banking purpose (specify purpose) ▶ _____ ☐ Changed type of organization (specify new type) ▶ _____ ☐ Purchased going business ☐ Created a trust (specify type) ▶ _____ ☐ Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 07/14/03		11 Closing month of accounting year DECEMBER	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) _____			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-".			
Agricultural 0 Household 0 Other 0			
14 Check one box that best describes the principal activity of your business.			
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify) _____ ☒ Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. TOYS; HOBBY GOODS			
16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No			
Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.			
Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Ben Humphreys at TAXSER Address and ZIP code 1133 Broadway Ste 218 New York NY 10010		
	Designee's telephone number (include area code) (888) 459 - 8173 Designee's fax number (include area code) (702) 446 - 9471		
	Applicant's telephone number (include area code) (954) 797 - 9870 Applicant's fax number (include area code) (954) 583 - 2803		
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ GEORGE P WARRICK PRESIDENT			
Signature ▶  Date ▶ 03/23/05			