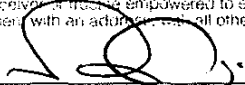


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90040 026 ***150.00

DOCUMENT # P04000000487 1. Entity Name OLD DUTCH, INC.					
Principal Place of Business 5410 TYSON AVENUE WEST TAMPA, FL 33611-3200			Mailing Address POST OFFICE BOX 13376 TAMPA, FL 33681		
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 16-0823534	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, RANDALL W 5410 WEST TYSON AVENUE TAMPA, FL 33611-3200				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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DPT SMITH, RANDALL W 3016 COLONIAL RIDGE DRIVE BRANDON, FL 33511	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SMITH, DAVID 533 SUWANNEE CIRCLE TAMPA, FL 33606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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, title, or other like empowered.					
SIGNATURE:  3/14/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RANDALL W. SMITH					

50027425



03052005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

FL Zip Code

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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