

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90044 041 \*\*\*150.00

<b>DOCUMENT # P04000015316</b> 1. Entity Name <b>OLD TOWN DISCOUNT SUPPLIES CORP.</b>			
Principal Place of Business <b>5500 VINCI CIR SARASOTA FL 34243-2611</b>		Mailing Address <b>5500 VINCI CIR SARASOTA FL 34243-2611</b>	
2. Principal Place of Business <b>2725 VIA CIPRIANI Suite, Apt. #, etc. 735A</b>		3. Mailing Address <b>2725 VIA CIPRIANI Suite, Apt. #, etc. 735A</b>	
City & State <b>CLARWATER Florida</b>		City & State <b>CLARWATER Florida</b>	
Zip <b>33764-3925</b>		Zip <b>33764-3925</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3783504</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BECK, CHUCK 5500 VINCI CIR SARASOTA FL 34243</b>		7. Name and Address of New Registered Agent Name <b>BECK, CHUCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2725 VIA CIPRIANI 735A</b> City <b>CLARWATER</b> <b>FL</b> Zip Code <b>33764-3925</b>	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>		DATE <b>3-7-05</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STROM, FRED 4165 BRIDLEWOOD TR EVANS GA 30809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STROM, FRED 11207 CYPRESS RESERVE DR TAMPA FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BECK, CHUCK 5500 VINCI CIR SARASOTA FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BECK, CHUCK 2725 VIA CIPRIANI # 735A CLARWATER FL 33764-3925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3-7-05</b> <small>Daytime Phone #</small>	