

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90042 031 ***150.00

DOCUMENT # P04000015404 1. Entity Name LATE BLOOMER'S TREASURES AND COLLECTIBLES, INC.					
Principal Place of Business 1908 S. MACDILL TAMPA, FL 33629			Mailing Address P.O. BOX 15186 TAMPA, FL 33684		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3507 N. SAN MIGUEL Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 20-0659175	
Zip 33629		Country HILLBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIOVANNELLI, RONALD F 1908 S. MACDILL TAMPA, FL 33629				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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD GIOVANNELLI, RONALD F 1908 S. MACDILL TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. BOX 15186 TAMPA, FL 33684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANON, AUBRIE 1903 S MACDILL AVE TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	RANON, AUDRIE 3507 N. SAN MIGUEL TAMPA, FL 33629 <input checked="" 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	
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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 exemptions contained in Chapter 119, 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>Audrie Ranon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/11/06</u> Daytime Phone # _____		

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