

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000040521

1. Entity Name  
FLORIDIAN STORES INC



Principal Place of Business  
519 W BREVARD ST  
TALLAHASSEE, FL 32301

Mailing Address  
519 W BREVARD ST  
TALLAHASSEE, FL 32301

FILED  
05 JAN -7 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number 83-0387693

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABULABAN, MANAL  
519 W BREVARD ST  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Susan Khaleq  
Street Address (P.O. Box Number is Not Acceptable)  
261 Sturgeon Dr  
City Tallahassee FL Zip Code 32312

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

1/7/05

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

TITLE P  
NAME ABULABAN, MANAL ☒ Delete  
STREET ADDRESS 1975 HICKORY TREE LN  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AR  
NAME Susan Khaleq ☐ Change ☒ Addition  
STREET ADDRESS 261 Sturgeon Dr  
CITY-ST-ZIP Tallahassee FL 32312

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05 850 383 0209  
Date Daytime Phone #