

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90035 041 ***150.00

DOCUMENT # P04000047243

1. Entity Name

ONE DOLLAR MANIA #2, INC.



Principal Place of Business

15579 US HWY 19 NORTH #223
CLEARWATER, FL 33764

Mailing Address

15579 US HWY 19 NORTH #223
CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number

26-0086262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSTIN, JOHNNY
15579 US HWY 19 NORTH #223
CLEARWATER, FL 33764

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HUSTON, JOHNNY
STREET ADDRESS 2375 TYRONE WAY
CITY - ST - ZIP ST PETERSBURG, FL 33710

TITLE D
NAME EOM, DARAE
STREET ADDRESS 2375 TYRONE WAY
CITY - ST - ZIP ST PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-06

Date

Daytime Phone #