

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2005 90162 016 ***150.00

DOCUMENT # P04000078156

1. Entity Name

5TH AVENUE ACCESSORIES, INC.



Principal Place of Business

814 HWY A1A NORTH, SUITE 307-A
PONTE VEDRA BEACH, FL 32082

Mailing Address

814 HWY A1A NORTH, SUITE 307-A
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business

822 HWY A1A NORTH

3. Mailing Address

822 HWY A1A NORTH

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Ponte Vedra Beach

City & State

Ponte Vedra Beach

Zip

FL

Country

ST. Johns

Zip

FL

Country

ST. Johns

02232005

Chg-P

CR2E034 (10/03)

4. FEI Number

56-2461285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAUGHON, RICHARD S
814 HWY A1A NORTH, SUITE 307-A
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name Richard S. Draughon

Street Address (P.O. Box Number is Not Acceptable)

822 Hwy A1A North

Suite 205

City

Ponte Vedra Beach

FL

Zip Code

32082

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

4/1/05

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
Lynn McDaniel
8040 Whisper Lake Lane, West
Ponte Vedra Beach, FL 32082

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

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

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

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

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

Lynn McDaniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05

904-543-1573

Date

Daytime Phone #