


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90360 039 \*\*\*150.00

**DOCUMENT # P04000078156**

1. Entity Name  
**5TH AVENUE ACCESSORIES, INC.**



Principal Place of Business      Mailing Address

**822 HWY A1A NORTH**      **822 HWY A1A NORTH**  
**205**      **205**  
**PONTE VEDRA BEACH, FL 32082 US**      **PONTE VEDRA BEACH, FL 32082 US**

2. Principal Place of Business      3. Mailing Address

**830-13 HWY A1A NORTH**      **830-13 HWY A1A NORTH**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**381**      **381**

City & State      City & State

**Ponte Vedra Beach, FL**      **Ponte Vedra Beach, FL**  
 Zip      Country      Zip      Country  
**32082**      **St. Johns**      **32082**      **ST. JOHNS**

40073736



04262006    Chg-P    CR2E034 (11/05)

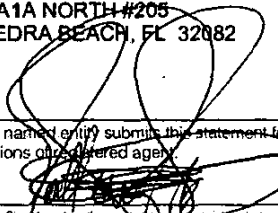
4. FEI Number      Applied For

**56-2461285**       Not Applicable

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

6. Name and Address of Current Registered Agent

**DRAUGHON, RICHARD S**  
**822 HWY A1A NORTH #205**  
**PONTE VEDRA BEACH, FL 32082**



7. Name and Address of New Registered Agent

Name **Richard S. Draughon, Esquire**  
 Street Address (P.O. Box Number is Not Acceptable)  
**830-13 HWY A1A North #381**  
 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 the 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.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MCDANIEL, LYNN</b>
STREET ADDRESS	<b>8040 WHISPER LAKE LANE W</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Lynn M. Daniel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06      904-860-5301  
 Date      Daytime Phone #