

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000097360

1. Entity Name
QUEEN OF ANGELS CATHOLIC RETAIL STORE, INC.



Principal Place of Business
**11018 OLD ST. AUGUSTINE RD.
STE 125
JACKSONVILLE, FL 32257 US**

Mailing Address
**11018 OLD ST. AUGUSTINE RD.
STE 125
JACKSONVILLE, FL 32257 US**



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1294825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GALLAVAN, MAUREEN D
5382 OXFORD CREST DR.
JACKSONVILLE, FL 32258**

**DO NOT WRITE
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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U000000769801
07/20/07-80005-013 550.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLAVAN, MAUREEN D
STREET ADDRESS	5382 OXFORD CREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32258

TITLE	VP
NAME	GALLAVAN, GEORGE P
STREET ADDRESS	5382 OXFORD CREST DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32258

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Maureen D Gallavan MAUREEN D GALLAVAN 7/17/07 904-288-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #