

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90036 029 ***150.00

DOCUMENT # P04000125951

1. Entity Name

CLAIRE'S TEA ROOM & GIFT SHOP, INC.



Principal Place of Business

1664 PADGETT FARM ROAD
PONCE DE LEON FL 32455

Mailing Address

PO BOX 1368
DEFUNIAK SPRINGS FL 32435



2. Principal Place of Business

1664 THISTLE LANE
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1368
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

POYCE de LEON FL

City & State

DEFUNIAK SPRINGS FL

4. FEI Number

42-1656606

Applied For

Not Applicable

Zip

32455

Country

USA

Zip

32435

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOZLOWSKI, KATHE ESQ
1550 MADRUGA AVE SUITE 301
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

1664 THISTLE LANE

City

POYCE de LEON

FL

Zip Code

32455

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]

Signature of person or persons of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KOZLOWSKI, KATHE
STREET ADDRESS 1664 PADGETT FARM ROAD
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE D ☐ Delete
NAME KOZLOWSKI, FRANK A
STREET ADDRESS 264 HURLEY DR.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 Section 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

[Signature]

Date

Daytime Phone #

1/26/06

501733-4378