

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

*\$150. to: FLORIDA  
DEPT. of STATE by  
APRIL 30 R*

DOCUMENT # P04000167189

1. Entity Name  
BACK IN TIME THRIFT STORE, INC.



FILED

08 MAY -6 AM 7:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3642 BARRANCAS AVENUE  
PENSACOLA, FL 32507 US  
*3716 NAVA Y Bldg  
Pen FL 32507*

Mailing Address  
3642 BARRANCAS AVENUE  
PENSACOLA, FL 32507 US  
*3716 NAVA Y Bldg  
Pen FL 32507*

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02112008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
26-0103274

Applied For  
Not Applicable

Zip Country

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

## 6. Name and Address of Current Registered Agent

SOLOMON, TRACEY  
7010 COMMUNITY DRIVE  
PENSACOLA, FL 32526

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	<input type="checkbox"/> Delete
	SOLOMON, TRACEY L	4695 OAKLAND DRIVE	PENSACOLA, FL 32526	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 its 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: *TL Solomon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*APRIL 28 2008*

Date

Daytime Phone #