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Jun 05, 2006 8:00 am
Secretary of State

04-28-2006 90208 028 ***150.00

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P06000000080

1. Entity Name
ANTIQUES GALORE & MORE INC

66017849

| Principal Place of Business | Mailing Address |
|---|---|
| 1321 SE HWY 19<br>CRYSTAL RIVER, FL 34429 | 1321 SE HWY 19<br>CRYSTAL RIVER, FL 34429 |

04262006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-3510340 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GRAVES, BONNIE<br>26 FOXGREEN CT<br>HOMOSASSA, FL 34446 | Name ROBERT SCHLUMBERGER<br>Street Address (P.O. Box Number is Not Acceptable) 6720 W CORPORATE OAKS DR<br>City CRYSTAL RIVER FL Zip Code 34429-8723 |

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 ROBERT SCHLUMBERGER 4/26/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remetating) 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GRAVES, BONNIE<br>26 FOXGREEN CT<br>HOMOSASSA, FL 34446 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>MANN, WENDY<br>132 N POMPEO AVE<br>CRYSTAL RIVER, FL 34429 Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/T<br>BROOKS, JUDY<br>16513 TURNBURY OAKS DR<br>ODESSA, FL 35535 Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** ROBERT SCHLUMBERGER REG. AGENT 4/26/06 352-795-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #