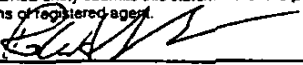
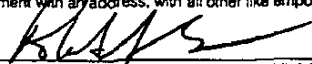


FILED
Jun 05, 2006 8:00 am
Secretary of State

04-28-2006 90208 028 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000000080					
1. Entity Name ANTIQUES GALORE & MORE INC					
Principal Place of Business 1321 SE HWY 19 CRYSTAL RIVER, FL 34429			Mailing Address 1321 SE HWY 19 CRYSTAL RIVER, FL 34429		
2. Principal Place of Business			3. Mailing Address		
Suits, 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 GRAVES, BONNIE 26 FOXGREEN CT HOMOSASSA, FL 34446				7. Name and Address of New Registered Agent Name ROBERT SCHLUMBERGER Street Address (P.O. Box Number is Not Acceptable) 6020 W CORPORATE OAKS DR 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 DATE 4/26/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$650.00		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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRAVES, BONNIE		NAME		
STREET ADDRESS	26 FOXGREEN CT		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MANN, WENDY		NAME		
STREET ADDRESS	132 N POMPEO AVE		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		CITY-ST-ZIP		
TITLE	S/T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BROOKS, JUDY		NAME		
STREET ADDRESS	16513 TURNBURY OAKS DR		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 35535		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		ROBERT SCHLUMBERGER		4/26/06 352-7953691	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		REG. AGENT		Date Daytime Phone #	