

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000017247

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** THE DOOMS DAY STORE.COM, INC.

**Current Principal Place of Business:**

5705 90TH AVENUE CIR E  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

5705 90TH AVENUE CIR E  
PARRISH, FL 34219

**New Mailing Address:**

P.O. BOX 642  
ELLENTON, FL 34222

**FEI Number:** 26-4369729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATHERINE L. SMITH, P.A.  
715 N. WASHINGTON BLVD.  
SUITE B  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

KATHERINE L. SMITH, P.A.  
6151 LAKE OSPREY DRIVE.  
THIRD FLOOR  
SARASOTA, FL 34240 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, KATHERINE L  
Address: 5705 90TH AVENUE CIR E  
City-St-Zip: PARRISH, FL 34219

Title: VP  
Name: LESTER, JENNIFER G  
Address: 3437 HAWKS NEST DRIVE  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE L. SMITH

Electronic Signature of Signing Officer or Director

PRES

04/27/2010

Date