

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90696 045 ***150.00

DOCUMENT # P93000085446

1. Entity Name
VIETNAM VETERAN'S THRIFT STORE, INC.



Principal Place of Business
3435 30TH AVE N
ST PETE, FL 33713 US

Mailing Address
3435 30TH AVE N
ST PETE, FL 33713 US



04242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3221020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, JACK
3819 HUNTINGTON ST. N.E. 11403-4th ST. NORTH #4
ST. PETERSBURG, FL FL337-03 33716

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LOVELACE, JACK
STREET ADDRESS	11403 4TH ST NORTH #4
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716

TITLE	S
NAME	LOVELACE, JEANNE
STREET ADDRESS	11403 4TH ST NORTH #4
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716

TITLE	VP
NAME	CALHOUN, HOWARD S
STREET ADDRESS	742 42ND AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JACK LOVELACE

Date

Daytime Phone #

4/26/04 727-526-9687