


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90013 035 ***150.00

DOCUMENT # P94000075474					
1. Entity Name THRIFT & TREASURE, INC.					
Principal Place of Business 812C OLD DIXIE HWY #13 JUPITER FL 33477			Mailing Address 1202 12TH CT JUPITER FL 33477		
2. Principal Place of Business - No P.O. Box # 1202 12TH CT.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State JUPITER, FL.			City & State		
Zip 33477		Country U.S.A.		4. FEI Number 65-0540790	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPALEK, LAWRENCE A THRIFT & TREASURE INC 1202 12TH CT JUPITER FL 33477			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Lawrence A. Spalek</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				2-3-07 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 ✓ After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS SPALEK, LAWRENCE A 1202 12TH CT JUPITER FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRO SPALEK, LAWRENCE 1202 12TH CT JUPITER FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Lawrence A. Spalek</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-3-07 561-624-9365 <small>Date Daytime Phone #</small>	



1st MOORE CR2E034 (10/06)