


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90037 023 \*\*\*150.00

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| <b>DOCUMENT # P95000065651</b><br>1. Entity Name<br><b>KILLEARN ANTIQUES, INC.</b>  |  |  |  |   |   |
| Principal Place of Business<br><b>1415 TIMBERLANE RD<br/>TALLAHASSEE FL 32312</b>   |  |  | Mailing Address<br><b>1415 TIMBERLANE RD<br/>TALLAHASSEE FL 32312</b>  |  |   |
| 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 <b>59-3368642</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  | MOORE CR2E034 (11/03)  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ALMARODE, RICHARD<br/>1415 TIMBERLANE ROAD<br/>TALLAHASSEE FL 32308</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____                |  |   |
| 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 <i>Marcia Strazulla</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  | <i>MARCIA STRAZULLA</i><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  | <i>2/5/04</i><br><small>DATE</small>   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |   |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>ALMARODE, RICHARD</b><br><b>1415 TIMBERLANE RD</b><br><b>TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>President</b><br><b>Ann Haggerty</b><br><b>1415 Timberlane Rd</b><br><b>TLH, FL. 32312</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>HAGERTY, ANN</b><br><b>1415 TIMBERLANE RD</b><br><b>TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Vice President</b><br><b>MARCIA STRAZULLA</b><br><b>1415 Timberlane Rd.</b><br><b>TLH, FL. 32312</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S</b><br><b>IVORY, EVE</b><br><b>1415 TIMBERLANE RD</b><br><b>TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Secretary</b><br><b>EVE IVORY</b><br><b>1415 Timberlane Rd</b><br><b>TLH, FL. 32312</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b><br><b>STRAZULLA, MARCIA</b><br><b>1415 TIMBERLANE ROAD</b><br><b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Treasurer</b><br><b>Richard Almarode</b><br><b>1415 Timberlane Rd</b><br><b>TLH, FL. 32312</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |
| 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. |  |  |  |  |   |
| <b>SIGNATURE:</b> <i>Marcia Strazulla</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <i>MARCIA STRAZULLA</i>  |  | <i>2/5/04</i><br><small>Date</small>   | <i>893 0510</i><br><small>Daytime Phone #</small> |