

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000079823					
1. Entity Name ABERCROMBIE, SIMMONS & GILLETTE OF FLORIDA, INC.					
Principal Place of Business 14041 TAMPA, FL 33618 US			Mailing Address 10050 NORTHWEST FREEWAY SUITE 245 HOUSTON, TX 77092 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04122005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3338700				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOWNSEND, RICHARD K 6028 CHESTER AVENUE SUITE 101 JACKSONVILLE, FL 32217			Name <u>Kraig Breaux</u> Street Address (P.O. Box Number is Not Acceptable) 14041 "A" No. Dale Mabry Hwy City <u>Tampa</u> <u>FL</u> Zip Code <u>33618</u>		
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>Kraig S Breaux</u>		NOTE: Registered Agent signature required when reinstating		DATE <u>4-18-05</u>	
Amended AR is \$61.25		9. Election Campaign Financing <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	PRES ABERCROMBIE, JAMES T 11532 CR 408 CALDWELL, TX 77836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000054282630 05/11/05--01042--018 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, JAMES 2114 CARDIGAN HILL SAN ANTONIO, TX 78232	<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	S JERRY, BROOKS 129 DEER RIDGE DR. LA VERNIA, TX 78121	<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	T HIMES, LESLIE 9302 TASCOSA LANE HOUSTON, TX 77064	<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	VP BREAU, KRAIG S 2ND VP 23518 VISTAMAR CT LAND O LAKES, FL 34639	<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	VP KINANE, WILLIAM 3RD VP 7448 PARKSIDE LANE MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.					
SIGNATURE: <u>Leslie Himes</u>			4-18-05 718-680-2833		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		