## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000079823

Entity Name: ABERCROMBIE, SIMMONS & GILLETTE OF FLORIDA, INC.

FILED Feb 16, 2006 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
14041 A N TAMPA, F	O. DALE MABI L 33618 US				
Current Mailing Address:			New Maili	New Mailing Address:	
10050 NOI	RTHWEST FR	EEWAY			
SUITE 245		US			
	: 59-3338700	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
		,			
Name and	Address of C	current Registered Agent:	Name and	Address of New Registered Agent:	
BREAUX, 14041 A N TAMPA, F	O. DALE MABI				
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ago	ent	Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () ABERCROMBIE 11532 CR 408 CALDWELL, TX		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () COOPER, JAMI 2114 CARDIGA SAN ANTONIO,	N HILL	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition COOPER, JAMES 11001 ST. AUGUSTINE RD. APT. 417 JACKSONVILLE, FL 32257	
Title: Name: Address: City-St-Zip:	S () JERRY, BROOI 129 DEER RIDG LA VERNIA, TX	GE DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () HIMES, LESLIE 9302 TASCOSA HOUSTON, TX	LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () BREAUX, KRAI 23518 VISTAM/ LAND O LAKES	AR CT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () KINANE, WILLI 7448 PARKSID MARGATE, FL	E LANE	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition KINANE, WILLIAM 3RD VP 1206 S 10TH STREET FORT PIERCE, FL 34950 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LESLIE HIMES TREA 02/16/2006