


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90214 035 \*\*\*158.75

**DOCUMENT # P96000101688**

1. Entity Name  
**ST. AUGUSTINE ANTIQUE EMPORIUM, INC.**



Principal Place of Business  
**62 SAN MARCO AVE  
 ST. AUGUSTINE FL 32084  
 US**

Mailing Address  
**317 HICKORY LANE  
 JACKSONVILLE FL 32259**

**24069421**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address  
**62 SAN MARCO AVE**

City & State  
**ST. AUGUSTINE, FLORIDA**

Zip Country  
**32084 ST. JAMES**

4. FEI Number **59-3414588**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROSENTHAL, WILLIAM M JR  
 317 HICKORY LANE  
 JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**N/A Does Not Apply**

City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENTHAL, WILLIAM M	
STREET ADDRESS	317 HICKORY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENTHAL, MARY ANN G	
STREET ADDRESS	317 HICKORY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: William M Rosenthal **William M Rosenthal** **PRESIDENT** **4/30/04** **(904) 829-0544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #