


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90334 021 \*\*\*158.75

**DOCUMENT # P96000101688**

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



Principal Place of Business      Mailing Address

**62 SAN MARCO AVE**      **62 SAN MARCO AVE**  
**ST. AUGUSTINE FL 32084**      **ST. AUGUSTINE FL 32084**  
**US**      **US**


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**50039930**



1st MOORE      CR2E034 (10/04)

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~~

*New Address - SAME AS BUSINESS*

7. Name and Address of New Registered Agent

Name **William M. Rosenthal, Jr**

Street Address (P.O. Box Number is Not Acceptable)  
**St. Augustine Antique Emporium, Inc.**  
**62 SAN MARCO AVENUE**

City **Saint Augustine**      **FL**      Zip Code **32084**

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 *William M. Rosenthal, Jr*      *William M. Rosenthal, Jr*      **4/18/05**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	<b>ROSENTHAL, WILLIAM M</b>
STREET ADDRESS	<del>317 HICKORY LANE</del> <b>62 SAN MARCO AVE</b>
CITY-ST-ZIP	<del>JACKSONVILLE FL 32259</del> <b>ST. AUGUSTINE FL 32084</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>ROSENTHAL, MARY ANN G</b>
STREET ADDRESS	<del>317 HICKORY LANE</del> <b>(SAME AS ABOVE)</b>
CITY-ST-ZIP	<del>JACKSONVILLE FL 32259</del>
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	
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, Jr*      **4/18/05**      **(904) 829-0544**

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