2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000011969

1. Entity Name



FILED Jul 21, 2005 8:00 am Secretary of State

Principal Place of Business 3660 CENTRAL AVENUE ST. PETERSBURG FL 33711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State City & State City & State Country Zip Country S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name OWEN, GEORGE E JR 100 FIRST AVENUE SOUTH STE 500 SAINT PETERSBURG FL 33701 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, yeard or printed noire of registered Agent and later II applicable (NOTE Registered Agent supnature required when remotatino) DATE	CENTRAL AVE. CONSIGNMENT SHOPPE, INC.)/-21-2005 900	12/036 ***	150.00		
3660 CENTRAL AVENUE ST. PETERSBURG FL 33711 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State City & State Country Sip Country Sip Country Signary City & State City & State City & State Country Signary Street Address of Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	Principal Plac	ce of Business	Mailing	Address								
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City & State Country Country Country Country Country Solutional Fee Required Fee Required Fee Required To Name and Address of New Registered Agent Name OWEN, GEORGE E JR 100 FIRST AVENUE SOUTH STE 500 SAINT PETERSBURG FL 33701 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	2. Principal F	Place of Business	3. Mailin	3. Mailing Address								
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWEN, GEORGE E JR 100 FIRST AVENUE SOUTH STE 500 SAINT PETERSBURG FL 33701 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				15	st MOORE	CR2E034	(10/04)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWEN, GEORGE E JR 100 FIRST AVENUE SOUTH STE 500 SAINT PETERSBURG FL 33701 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.	City & Sta	te	City & State				4. FEI Numb	^{per} 59-342752	20	<u> </u>		
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Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE												
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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.	,											
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12. Thereby 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.

SIGNING OFFICER OF DIRECTOR SIGNATURE: 1

ATTACHMENT

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TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

