

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-01-2005 90008 047 ***150.00

DOCUMENT # P97000054689 1. Entity Name THE SCRUB SHOP, INC.																											
Principal Place of Business 345 E SR 436 STE 101 FERN PARK FL 32730		Mailing Address 345 E SR 436 STE 101 FERN PARK FL 32730																									
2. Principal Place of Business 345 SR 436 Suite, Apt. #, etc. STE 101 City & State FERN PARK, FL Zip 32730		3. Mailing Address 345 SR 436 Suite, Apt. #, etc. STE 101 City & State FERN PARK, FL Zip 32730																									
Country USA		Country USA																									
4. FEI Number 59-3453080		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent HELLER, ROBERT L 345 E SR 436 STE 101 FERN PARK FL 32730		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>ROBERT L. HELLER</u> 3/26/05 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, 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>HELLER, ROBERT L</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>345 E SR 436</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FERN PARK FL 32730</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	HELLER, ROBERT L	☐	STREET ADDRESS	345 E SR 436		CITY-ST-ZIP	FERN PARK FL 32730		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																									
NAME	HELLER, ROBERT L	☐																									
STREET ADDRESS	345 E SR 436																										
CITY-ST-ZIP	FERN PARK FL 32730																										
TITLE	NAME	Change Addition																									
NAME		☐ ☐																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		☐	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																									
NAME		☐																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	Change Addition																									
NAME		☐ ☐																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		☐	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																									
NAME		☐																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	Change Addition																									
NAME		☐ ☐																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		☐	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																									
NAME		☐																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	Change Addition																									
NAME		☐ ☐																									
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME		☐	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change Addition	NAME		☐ ☐	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																									
NAME		☐																									
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	Change 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 an officer like empowered.																											
SIGNATURE <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/22/05</u> Daytime Phone <u>407-788-0993</u>																									