

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90087 010 ***150.00

DOCUMENT # P97000063219 1. Entity Name MR. T'S, INC.					
Principal Place of Business 3121 NAVY BLVD. PENSACOLA, FL 32505			Mailing Address 3115 MARCUS PT BLVD. PENSACOLA, FL 32505		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3121 W. Navy Blvd.			
City & State		Suite, Apt. #, etc.		03172004 Chg-P CR2E034 (10/03)	
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 59-3458734	
Zip 32505		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, TERRY 3115 MARCUS PT BLVD. PENSACOLA, FL 32505			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3121 W. Navy Blvd. City Pensacola FL Zip Code 32505		
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: _____ 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD THOMAS, TERRY 3115 MARCUS PT BLVD. PENSACOLA, FL 32505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3121 West Navy Blvd. Pensacola, FL 32505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Wm F Thomas P</i> 3-25-04 850-453-8417 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					