## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 17, 2004 08:00 AM Secretary of State **DOCUMENT # P97000080057** Entity Name THE PADDING STORE INC. Mailing Address Principal Place of Business 5820 SE SMITH AV 7837 MANOR FOREST LANE STUART, FL 34997 BOYNTON BEACH, FL 33436 CR2E034 (10/03) 03082003 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3468756 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent DO NOT WRITE COLE, RICHARD 5820 SE SMITH AVE STUART, FL 34997 IN THIS SPACE 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. CATÉ Signature, fused at printed name of registered agent and title if applicable PACTE Registered Agent Signature required when rainstating) \$5.00 May Be 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. 3.00 COLE, RICHARD NAME U00000160618 05/17/04-80006-017 150.00 5820 SE SMITH AV STREET ADDRESS CITY-ST DP STUART, FL 34997 TITLE NAME PARKER, GARY F STREET ADDRESS 7837 MANOR FOREST LANE CITY ST ZIP BOYNTON BEACH, FL 33436 TITLE PARKER, DEBORAH J KAME STREET ADDRESS 7837 MANOR FOREST LANE DO NOT WRITE BOYNTON BEACH, FL 33436 CITY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP

12. I hereby certify that the information supplied with this filling 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: 4

TITLE NAME STREET ADDRESS CITY ST IP

OFFICER OR DIRECTOR