

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000080057

1. Entity Name
THE PADDING STORE INC.



Principal Place of Business
**5820 SE SMITH AV
STUART, FL 34997**

Mailing Address
**7837 MANOR FOREST LANE
BOYNTON BEACH, FL 33436**



D1122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3468756 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLE, RICHARD
5820 SE SMITH AVE
STUART, FL 34997**

**DO NOT WRITE
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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN0000388169
01/19/06-80062-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLE, RICHARD
STREET ADDRESS	5820 SE SMITH AV
CITY-ST-ZIP	STUART, FL 34997
TITLE	VP
NAME	PARKER, GARY F
STREET ADDRESS	7837 MANOR FOREST LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	TS
NAME	PARKER, DEBORAH J
STREET ADDRESS	7837 MANOR FOREST LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Deborah J. Parker* *Deborah J. Parker* 1/12/06 561.304.3966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #