


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000003151</b>		
1. Entity Name <b>THE PRAISE SHOP INC.</b>		
Principal Place of Business <b>714 N MAIN STREET CHIEFLAND, FL 32626</b>	Mailing Address <b>714 N MAIN STREET CHIEFLAND, FL 32626</b>	



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3484159</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>POLLOCK, MARCIA W 714 N MAIN STREET CHIEFLAND, FL 32626</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLLOCK, MARCIA W 107 SE 4 STREET CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WESTBURY, ELVIRA W 519 NE 2 STREET CHIEFLAND, FL 32644
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07/11/05-80029-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marcia W Pollock MARCIA W. POLLOCK 7/5/05 (352) 443-0209  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #