## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2005 08:00 AM **DOCUMENT # P98000010135 Secretary of State** 1. Entity Name FLORIDA WORKSHOP WAREHOUSES, INC. Mailing Address Principal Place of Business **POST OFFICE BOX 3335** 13055 PARK BOULEVARD SEMINOLE, FL 33775-3335 SEMINOLE, FL 33776 No Cha-P CR2E034 (10/03) 02012005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3497307 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LURIE, EDWARD J 13055 PARK BOULEVARD SEMINOLE, FL 33776 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LURIE, EDWARD J NAME STREET ADDRESS 13055 PARK BOULEVARD CITY-ST-ZIP SEMINOLE, FL 33776 <u> U000000.270928</u> TITLE 03/21/05-80027-013 150.00 NAME SIRICO, JULIA 13055 PARK BOULEVARD STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33776 NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP 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)(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 of 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 other like empowered.

SIGNATURE: \_\_\_

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-85

727-393-3441