


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000010135</b> 1. Entity Name <b>FLORIDA WORKSHOP WAREHOUSES, INC.</b>	
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Principal Place of Business <b>13055 PARK BOULEVARD SEMINOLE, FL 33776</b>	Mailing Address <b>POST OFFICE BOX 3335 SEMINOLE, FL 33775-3335</b>
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01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3497307</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LURIE, EDWARD J 13055 PARK BOULEVARD SEMINOLE, FL 33776</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 \_\_\_\_\_ **U000000403155**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **02/03/06 80035-013 150:00**

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LURIE, EDWARD J 13055 PARK BOULEVARD SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIRICO, JULIA 13055 PARK BOULEVARD SEMINOLE, FL 33776
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**DO NOT WRITE  
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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward J. Lurie

Date

Daytime Phone #

**1/25/06 7273933441**