2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATIVE AND TYPED OR PROTED NAME OF SIGNING OFFICER DICTURECTOR

FILED Aug 08, 2005 08:00 AM Secretary of State DOCUMENT # P98000024573 1. Entity Name P.K.S.ANTIQUES, INC. Mailing Address Principal Place of Business 7758 PARK BLVD. PINELLAS PARK FL 33781 7758 PARK BLVD. PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite Apt #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) City & State 4. FEI Number Applied For City & State 59-3501777 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHUCKERT, PETER Street Address (P.O. Box Number is Not Acceptable) 7750 PARK BLVD PINELLAS PARK ST PETE FL 33181 City Zio Code 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 f registéred <u>age</u>nt SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S,607, 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Rection Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies i Frust Fund Contribution. Added to Fees did not receive prior notice. Fee to fite is \$150 00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/ HANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILLE Change ☐ Addition illit ☐ Delete SCHUCKERT, KATHLEEN G NAME NAME Ungane375911 STREET ADDRESS 7750 PARK BOULEVARD STREET ADDRESS 08/08/05-80008-002 150.00 ST. PETERSBURG FL 33781-3761 CITY-ST-ZIP CITY-ST-78 ☐ Addition Delele HILE ☐ Change TITLE MAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete THE Hilt: NAME NAME STREET ADDRESS STREET ADDRESS CHIY-SI-ZIP CITY-ST-ZIP Change Addition THILE Delete THE NAME NAME STREET ADORESS STREET ADDRESS CDY-SI-7P CITY-51-71P ☐ Change ☐ Addition 7(ILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition It It E Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-71P 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 1 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.