

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000032784

1. Entity Name
TOYS 2000, INC.



Principal Place of Business
8497 ELGROVE ST
SPRING HILL, FL 34608 US

Mailing Address
8497 ELGROVE ST
SPRING HILL, FL 34608 US

DO NOT WRITE IN THIS SPACE

**FILED
Apr 16, 2004 8:00 am
Secretary of State**

04-16-2004 90022 014 ***150.00

54033988



03262004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-3512811	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COUCHER, PETER M
8497 ELGROVE STREET
SPRING HILL, FL 34608

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME COUCHER, PETER M
STREET ADDRESS 8497 ELGROVE STREET
CITY-ST-ZIP SPRING HILL, FL 34608

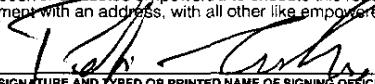
TITLE D
NAME COUCHER, LINDA M
STREET ADDRESS 8497 ELGROVE STREET
CITY-ST-ZIP SPRING HILL, FL 34608

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 exemption stated in Section 119.07(3)(i), 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

x4.1304 x3526842822
Date Daytime Phone #