


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000059471</b> 1. Entity Name ON THE ROAD AGAIN ANTIQUES, INC.	
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Principal Place of Business 6363 99TH WAY, NORTH #12 SAINT PETERSBURG, FL 33708	Mailing Address 501 LILLIAN DRIVE MADEIRA BEACH, FL 33708
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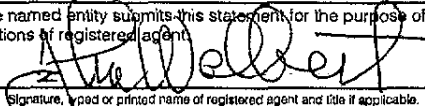
01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3517810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WOLBERT, JOHN 501 LILLIAN DRIVE MADEIRA BEACH, FL 33708
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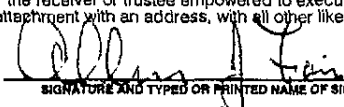
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>March 27, 2005</u>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DST SNYDER, MARY LYNN 501 LILLIAN DRIVE MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD FAIR, ALLEN J 6363 99TH WAY, NORTH #12 SAINT PETERSBURG, FL 33708
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03/30/05-80013-009 150.00  
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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)(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:  <u>Allen J. Fair</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3-18-05</u> Daytime Phone # <u>410-939-4441</u>