


FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90095 019 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000067168					
1. Entity Name FLORIDA THRIFT STORES, INC.					
Principal Place of Business 2611 FOWLER ST FORT MYERS, FL 33901 US			Mailing Address 2611 FOWLER ST FORT MYERS, FL 33901 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0858066	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SALI, LOUIS 2419 EAST MALL DR. FORT MYERS, FL 33901				Name <u>SALI, LOUIS</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>3345 FOWLER ST.</u>	
				City <u>FORT MYERS</u> FL Zip Code <u>33901</u>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DP <input type="checkbox"/> Delete				
NAME	SALI, LOUIS				
STREET ADDRESS	4709 ORANGE RIVER LOOP RD.				
CITY-ST-ZIP	FORT MYERS, FL 33905				
TITLE	DVP <input type="checkbox"/> Delete				
NAME	SALI, BARBARA				
STREET ADDRESS	4709 ORANGE RIVER LOOP ROAD				
CITY-ST-ZIP	FORT MYERS, FL 33905				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Louis SALI</u> 3/15/07 239-332-3312					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					