

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067168

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA THRIFT STORES, INC.

**Current Principal Place of Business:**

2611 FOWLER ST  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

10012 GULF CENTER DR.  
#4  
FORT MYERS, FL 33913 US

**Current Mailing Address:**

2611 FOWLER ST  
FORT MYERS, FL 33901 US

**New Mailing Address:**

P.O. BOX 50947  
FORT MYERS, FL 33994 US

**FEI Number:** 65-0858066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALI, LOUIS  
3345 FOWLER STREET  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** SALI, LOUIS  
**Address:** 4709 ORANGE RIVER LOOP RD.  
**City-St-Zip:** FORT MYERS, FL 33905

**Title:** DVP  
**Name:** SALI, BARBARA  
**Address:** 4709 ORANGE RIVER LOOP ROAD  
**City-St-Zip:** FORT MYERS, FL 33905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LOUIS SALI

PRES

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date