

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90298 048 \*\*\*150.00

DOCUMENT # P98000104007  
 1. Entity Name  
**ONE STOP, INC.**



Principal Place of Business Mailing Address  
 RR 1 BOX 488 RR 1 BOX 488  
 STARKE, FL 32091 US STARKE, FL 32091 US

**50011577**

2. Principal Place of Business 3. Mailing Address  
 5629 S.Rd. 16 West 5629 S.Rd. 16 West  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Building 3010 Building 3010**  
 City & State City & State  
**Starke, FL 32091 Starke, FL 32091**  
 Zip Country Zip Country



04102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For  
**59-3548932** Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ONE STOP TAILOR SHOP  
 5629 SR 16 W. BLDG. 3002  
 CAMP BLANDING  
 STARKE, FL 32091

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5629 SR W. Bldg. 3010**  
 City **FL** Zip 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 of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZPATRICK, MIYOUNG RR 1 BOX 488 STARKE, FL 32091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  5629 SR W. Bldg 3010
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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: *Miyong N. Fitzpatrick* 4/10 2006 (904) 682-7269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #