2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

May 05, 2004 8:00 am DOCUMENT # P99000066441 **Secretary of State** 1. Entity Name 05-05-2004 90214 002 ***150.00 THE BARGAIN BARN, INC. Mailing Address Principal Place of Business 29 SOUTH J ST 24069418 LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business HUGE RE 29 South Dix MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0931873 Not Applicable AKe. BHO M Country \$8.75 Additional 5. Certificate of Status Desired Fee Required **USP** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Ager Name JANIS, RUSSELL G Street Address (P.O. Box Number is Not Acceptable) 1211 LAKE AVENUE LAKE WORTH FL 33460 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PSTD** ☐ Defete TITLE ☐ Addition TITLE JANIS, RUSSELL G NAME STREET ADDRESS STREET AODRESS 1323 NORTH "O" STREET LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME 1 NAME STREET ADDRESS STREET ACCRECS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ther like empowered.

FILED