

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90068 017 ***150.00

DOCUMENT # P99000073193

1. Entity Name
SHOP & STORE, INC.



Principal Place of Business
**222 WEST COMSTOCK AVE., STE. 101
WINTER PARK, FL 32789**

Mailing Address
**222 WEST COMSTOCK AVE., STE. 101
WINTER PARK, FL 32789**

24000434



01062004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3597939

Applied For
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

**GODBOLD, GENE H
222 WEST COMSTOCK AVE., STE. 101
WINTER PARK, FL 32789**

Name
Street Address (P.O. Box Number is Not Acceptable)
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

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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete
NAME: URRY, STEWART
STREET ADDRESS: ASHLEY CHASE HOUSE
CITY-ST-ZIP: ABBOTSBURY DORSET DT3 4JZ,

TITLE: VP/D ☐ Delete
NAME: URRY, PATRICIA M
STREET ADDRESS: ASHLEY CHASE HOUSE
CITY-ST-ZIP: ABBOTSBURY DORSET DT3 4JZ,

TITLE: VPS ☐ Delete
NAME: GODBOLD, GENE H
STREET ADDRESS: 222 WEST COMSTOCK AVENUE, SUITE 101
CITY-ST-ZIP: WINTER PARK, FL 32789

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gene H Godbold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-04 407-642-4418
Date Daytime Phone #