


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 19, 2005 8:00 am
Secretary of State

07-29-2005 90011 010 ***150.00

DOCUMENT # P99000077779 1. Entity Name TRUDIES TREASURES, INC.					
Principal Place of Business 660 E. PROSPECT ROAD FORT LAUDERDALE FL 33334				Mailing Address 660 E. PROSPECT ROAD FORT LAUDERDALE FL 33334	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0964706				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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		
THOMPSON, TRUDY 2010 NW 34 ST FORT LAUDERDALE FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, TRUDY		NAME		
STREET ADDRESS	5324 NE 6TH AVENUE APT. 23D		STREET ADDRESS		
CITY - ST - ZIP	OAKLAND PARK FL 33334		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, ROGER		NAME		
STREET ADDRESS	5324 NE 6TH AVENUE APT. 23D		STREET ADDRESS		
CITY - ST - ZIP	OAKLAND PARK FL 33334		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____			Date: 07/25/05 <small>Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

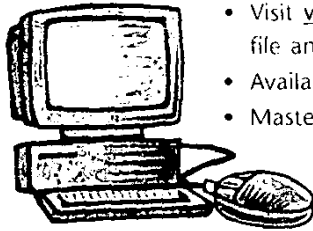
ATTACHMENT

IMPORTANT NOTICE

This will serve as your 60 days notice that the business entity listed on this postcard will be administratively dissolved/revoked and an additional reinstatement fee will be due if the annual report is not properly filed and the appropriate fee paid by September 7, 2005.

Visit our website at www.sunbiz.org for fee information.

OPTION 1 - **File Online** - Processed within 24-48 hours!



- Visit www.sunbiz.org and click icon to file annual report online.
- Available 24 hours a day, 7 days a week.
- Mastercard, Visa or American Express accepted.

OPTION 2 - **Download form**

Processed within 7-10 days of receipt.

- Visit www.sunbiz.org and click icon to download preprinted form.
- Submit form with check or money order.

Visit your local public library for free Internet access and assistance.

8/16/05

Dear Sir/Madam,

I did not receive any notice prior to the 1st May. THE POSTCARD TO DISSOLVE was the first notice I received on 06/29/05 which I mailed immediately back to you.

The next time I received on 07/29/05 the form (enclosed) which I mailed with a check on 07/25/05. I have followed all the directions please waiver the \$400.00 fee as notice was not given to me as in previous years. Thanking you in anticipation Y. Thompson