2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State 03-07-2005 90276 015 ***150.00

DOCUMENT # S53749 1. Entity Name INTERNATIONAL DEPOT, INC.								03-07-2005 90276 015 ***150.00				
Principal Place of Business Mailing Address 896 ROYAL BIRKDALE 896 ROYAL BIRKDALE DR										5	00229	14 N
TARPON SPE	RINGS, FL 3	4688 US		RPON SPRINGS, FL		US						7 2 0
				3. Mailing Address 6467 DORSAY COURT								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02222005	Chg-P	CR2E	034 (10/03)		
DELRAY BEACH, FL				Oity & State DELRAY BEACH, FL				4. FEI Numbe 65-0278				oplied For ot Applicable
^{Zip} 33	484	Country USA	Zij	° 33484	Cour	try USI	9	5. Certificate	of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
LEMONIS, SOPHIA						Name						
896 ROYAL BIRKDALE DR TARPON SPRINGS, FL 34688						Street Address (P.O. Box Number is Not Acceptable) 6467 DORSAY COURT						
		,						-				
						City DELRAY BEACH FL 33484						94
	named entil	ty submits this statement tered agent.	for the pu	rpose of changing its	register					orida. Lan	familiar with,	and accept
SIGNATURE.												
	Signature, types	d or printed name of registered ages	nt and title if a	applicable (NOTE	: Registere	d Agent signet	ure required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees				
10.		OFFICERS ANI	D DIRECT	ORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR:	S IN 11
TITLE	P			Delete	TITL	_	P	MON15, 50	AHIA		Change	Addition
NAME STREET ADDRESS	LEMONIS, SOPHIA RESS 896 ROYAL BIRKDALE DR			- NAT				7 DORSA				
CITY-ST-ZIP				СПҮ			DEL	RAY BEAG	CH, FL 3	3484		
TITLE	ST			Delete	TITL	E	157				Change	Addition
NAME	·				NAM		LEM	ONIS, MAI DORSAY	COUPT			
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TITLE				☐ Delete	TITU	E	2020	VAL WELL	11,72 00		Change	Addition
NAME	- -				NAM	_					-	_
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NAME				— Delete	MAN		1				Orango	
STREET ADDRESS						ET ADDRESS						
CITY-\$1-ZIP						-ST-ZIP						
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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 attachingent with an address, with all other like empowered.

STREET ADORESS

CITY - ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP