

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63851

FILED
Mar 07, 2005
Secretary of State

Entity Name: FLEA MARKET TALLAHASSEE, INC.

Current Principal Place of Business:

200 CAPITAL CIRCLE SW
TALLAHASSEE, FL US

New Principal Place of Business:

Current Mailing Address:

200 CAPITAL CIRCLE SW
TALLAHASSEE, FL

New Mailing Address:

FEI Number: 59-3143348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHADDIX, STEVEN L.
1275 BEVILE RD
DAYTONA BCH, FL 32119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHADDIX, WILLIAM O., II
Address: 1 DEER MOSS TRAIL
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: GORDON, SHARON S.,
Address: 7611 TIMBERLY CT.
City-St-Zip: MCLEAN, VA

Title: D () Delete
Name: FOX, SHARLENE S.,
Address: 686 FERNCLIFF DRIVE
City-St-Zip: PORT ORANGE, FL

Title: D () Delete
Name: SHADDIX, MADELINE E.,
Address: 6 HOMAN TERR.
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: SHADDIX, STANLEY WIL, LIAM
Address: 2130 OLD DAYTONA RD.
City-St-Zip: DAYTONA BEACH, FL

Title: D () Delete
Name: SHADDIX, STEVEN L.,
Address: 2410 SE 29TH ST
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARLENE S. FOX

D

03/07/2005

Electronic Signature of Signing Officer or Director

_____ Date