2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 370365

1. Entity Name
CONDAXIS COFFEE & TEA, INC.

Principal Place of Business	Mailing Address
% PETER G. CONDAXIS 1805 WEST BEAVER STREET JACKSONVILLE, FL 32209-7528	% PETER G. CONDAXIS 1805 WEST BEAVER STREET JACKSONVILLE, FL 32209-7528

DO NOT WRITE IN THIS SPACE

04232004 No Chg # CR2E034 (10/03)

4. FEI Number
59-1316619
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONDAXIS, PETER G
1805 W BEAVER ST
JACKSONVILLE, FL 32209

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7. 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 _____ DATE
(Signature typed or printed name of registered agent and date if applicable) (If other than registered agent, signature required with date)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $500.00

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

9. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONDAXIS, PETER G.
STREET ADDRESS	1805 W. BEAVER STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	S
NAME	SASSARD, CHERYL B
STREET ADDRESS	1805 W. BEAVER STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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04/29/04-80075-001 150.00

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10. 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: _____ 4-27-04
(Typed or printed name of person signing) (Title of officer or director listed) Date Daytime Phone #