2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90245 034 ***158.75

DOCUMENT # J39595

1. Entity Name

PREVIOUSLY OWNED, INC.

54035417

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
3640 INVESTMENT LN. #21 RIVIERA BCH. FL 33404	3640 INVESTMENT LN. #21 RIVIERA BCH. FL 33404 US

2. Principal Place of Business: 7675 159th CT. NO.
Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS FL
Zip: 33418 Country: U.S.A. PALM BEACH

3. Mailing Address: P.O. BOX 31886
Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS FL
Zip: 33420-1886 Country: USA

4. FEI Number 65-0039870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAY, BEN
3640 INVESTMENT LN. #21
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

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] 4/15/04
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☐ Change ☐ Addition
NAME	HAY, BEN		NAME	HAY BEN	
STREET ADDRESS	1520 S. 24TH CT.		STREET ADDRESS	P.O. BOX 31886	
CITY-ST-ZIP	RIVIERA BEACH FL		CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-1886	
TITLE	ST	☐ Delete	TITLE	ST	☐ Change ☐ Addition
NAME	HAY, BETTY		NAME	HAY BETTY	
STREET ADDRESS	1520 S. 24TH CT.		STREET ADDRESS	P.O. BOX 31886	
CITY-ST-ZIP	RIVIERA BEACH FL		CITY-ST-ZIP	PALM BEACH GARDENS FL 33420-1886	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: [signature] BEN HAY 4/15/04 561-329-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #