


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000087479
 1. Entity Name
COW LICK'S, INC.



Principal Place of Business Mailing Address
 2624 S ATLANTIC AVE 2624 S ATLANTIC AVE
 DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3670358 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

1100070110289
 04/12/04-80077-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	NATHAN, DANIEL J
STREET ADDRESS	815 PHILLIP DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	VD
NAME	NATHAN, KAREN W
STREET ADDRESS	815 PHILLIP DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	VD
NAME	NATHAN, ROBERT M
STREET ADDRESS	3 WHIPPER-IN CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SD
NAME	NATHAN, FRANCES
STREET ADDRESS	3 WHIPPER-IN CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-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)(f), 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: Daniel J Nathan Daniel J Nathan 4/8/04 386-761-1316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #