2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 02, 2004 08:00 AM DOCUMENT # P01000073890 **Secretary of State** 1. Entity Name THE BASKET CAFE, INC. Principal Place of Business Mailing Address 131 WESTROBIN LANE PALM COAST FL 32164 131 WESTROLAIN LANE PALM COAST FL 32164 2. Principal Place of Business 3. Mailing Address Suite. Apt #. etc Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-3735771 Not Applicable Country Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAVY, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 2825 NORTH OCEANSHORE BLVD. BEVERLY BEACH FL Zip Code City FI 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, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete TITLE ☐ Change Addition TITLE SUMMERLOT, KATHRYN M NAME NAME U00000026250 131 WESTROBIN LN STREET ADDRESS STREET ADDRESS 02/02/04-80137-025 150.00 CITY-ST-ZIP PALM COAST FL 32164 CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE SUMMERLOT, TERRY LYNN NAME NAME STREET ADDRESS STREET ADDRESS 131 WESTROBIN LN CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32164 TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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 ☐ Change Addition TITLE ☐ Delete 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.