## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Feb 23, 2004 8:00 am Secretary of State **DOCUMENT # P01000114551** 02-23-2004 90029 001 \*\*\*150.00 FLUTTERBY GARDENS OF MANATEE, INC. Principal Place of Business Mailing Address 30902 TAYLOR GRADE RD 30902 TAYLOR GRADE RD DUETTE, FL 33834 US DUETTE, FL 33834 US 2. Principal Place of Business 3. Mailing Address 1512 22ND ST.W. 1512 22ND ST.W. Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E034 (10/03) Chg-P City & State BRADSUTOD City & State PARADENTON 4. FEI Number Applied For 65-1159101 Not Applicable 34205 Country Zip 34205 Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ONSTANCE TAPPAN, FELICIA J DVS Street Address (P.O. Box Number is Not Acceptable) . 1512 22NO 51.00 30902 TAYLOR GRADE RD DUETTE, FL 33834 City PORADENTON Zip Code 34205 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 ADVITABLE Signature, typed or printed rig CONSTANCE J. HODSDON, PRESIDENT 2/11/04 410 do doz 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ☐ Addition NAME HODSDON, CONSTANCE J NAME STREET ADDRESS 1512 22ND STREET W. STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP ☐ Delete TITI F ☐ 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-7IP CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ 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 CTY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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.

CONSTAINE. SIGNATURE: Sorstare