

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90269 013 ***158.75

DOCUMENT # P03000066560 1. Entity Name MUSTARD SEED VENTURES, INC.					
Principal Place of Business 10043 OASIS PALM DRIVE TAMPA, FL 33615-2779			Mailing Address 10043 OASIS PALM DRIVE TAMPA, FL 33615-2779		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 260064 Suite, Apt. #, etc. N/A			
City & State Tampa, Florida		City & State Tampa, Florida		4. FEI Number 55-0836387	
Zip 33685-0064		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, ROBERT L 10043 OASIS PALM DRIVE TAMPA, FL 33615-2779				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 N/A (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P HILL, ROBERT L 10043 OASIS PALM DRIVE TAMPA, FL 336152779 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, ANGELA D 10043 OASIS PALM DRIVE TAMPA, FL 336152779 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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)(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: Robert L. Hill / x- 04/26/04 (813)249-9016 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					