

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90018 032 ***150.00

DOCUMENT # 224846

1. Entity Name

THE ADDED TOUCH INC.



Principal Place of Business

4380 LAKESIDE DRIVE
JACKSONVILLE, FL 32210

Mailing Address

4380 LAKESIDE DRIVE
JACKSONVILLE, FL 32210

54032769



2. Principal Place of Business

4217 Ortega Blvd

3. Mailing Address

4217 Ortega Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-P

CR2E034 (10/03)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-0879967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SISK, PATRICIA

4380 LAKESIDE DR

JACKSONVILLE, FL 32210

4217 Ortega Blvd

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

Patricia W. Sisk

4-12-04

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

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME SISK, PATRICIA W
STREET ADDRESS 4380 LAKESIDE DRIVE 4217 Ortega Blvd
CITY-ST-ZIP JACKSONVILLE, FL 32210

☐ Delete

TITLE V
NAME SISK, MARY MARGARET
STREET ADDRESS 4380 LAKESIDE DRIVE 4217 Ortega Blvd
CITY-ST-ZIP JACKSONVILLE, FL 32210

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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STREET ADDRESS
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Patricia W. Sisk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia W Sisk

Date

Daytime Phone #

904

4-12-04 388-4224