

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90018 020 ***150.00

DOCUMENT # 400696 1. Entity Name CARAVAN FASHIONS, INC.			
Principal Place of Business 214 ORANGE STREET SUITE A AUBURNDALE, FL 33823 US		Mailing Address 140 LAKEVIEW DR. 214 Orange St., AUBURNDALE, FL 33823 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 214 Orange St, Suite A Suite, Apt. #, etc.	
City & State Auburndale, FL		4. FEI Number 59-1390265	
Zip 33823		Country USA	
5. Certificate of Status Desired... <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JESTER, BETTY A 140 LAKEVIEW DRIVE AUBURNDALE, FL 33823		7. Name and Address of New Registered Agent Name Betty A. Jester Street Address (P.O. Box Number is Not Acceptable) 4656 Arlington Park Drive City Lakeland FL Zip Code 33801	
8. The above named entity submits this statement for the purpose of 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: _____ (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME JESTER, BETTY A STREET ADDRESS 140 LAKEVIEW DR. CITY-ST-ZIP AUBURNDALE, FL 00000	<input type="checkbox"/> Delete	TITLE Owner NAME Betty A. Jester STREET ADDRESS 4656 Arlington Park Dr CITY-ST-ZIP Lakeland, FL 33801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JESTER, JACK STREET ADDRESS 140 LAKEVIEW DR. CITY-ST-ZIP AUBURNDALE, FL	<input type="checkbox"/> Delete	TITLE Vice-President NAME Jack Jester STREET ADDRESS 4656 Arlington Park Drive CITY-ST-ZIP Lakeland, FL 33801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WHITEHEAD, JACQUE STREET ADDRESS 2131 KINGSWOOD CT CITY-ST-ZIP LAKELAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WHITEHEAD STREET ADDRESS 2131 KINGSWOOD CT CITY-ST-ZIP LAKELAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Betty A. Jester 2/16/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			