2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2004 8:00 am **DOCUMENT # 627885 Secretary of State** 1. Entity Name 03-02-2004 90036 008 ***150.00 HAV-A-CUP, INC. Principal Place of Business Mailing Address 2514 MESON OAKS DR VELRICO FL 2514 MESON OAKS DR 94023643 VELRICO FL 2. Principal Place of Business 3. Mailing Address 2514 Maron Dakes Suite, Apt. #, etc. CR2E034 (11/03) Qity & State 4. FEI Number Applied For 59-1911931 Not Applicable 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 Name HUTTON, CHARLES 2514 MASON OAKS DR Street Address (P.Q. Box Number is Not Acceptable) VALRICO FL City 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. (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 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition HUTTON, CHARLES NAME 2514 Moson Ocker Dr STREET ADDRESS 505 N. FAULKENBURG RD STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP CITY-ST-ZIP Voltice FC 33594 PTD TITLE ☐ Delete TITLE ☐ Change Addition 8607 Egres Pt C1 HUTTON, DONNA NAME NAME 4906 LONDONDERRY DR STREET ADDRESS STREET ADDRESS FL 33647 CITY-ST-ZIE TAMPA FL 33647 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HUTTON, RUTH STREET ADDRESS 2514 MASON OAKES DR. STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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-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 attagramment with an address, with all other like empowered. SIGNATURE: 2-14-04 813-293-5661 MMa SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED