

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

06-18-2004 90001 002 ***150.00
697668

FILED

04 JUL 27 PM 4: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54057874



04142004 No Chg-P CR2E034 (10/03) *du*

DOCUMENT # 697668

1. Entity Name
N. B. DONUTS, INC.



Principal Place of Business
**5524 US HIGHWAY 19S
NEW PORT RICHEY, FL 34652**

Mailing Address
**5524 US HIGHWAY 19S
NEW PORT RICHEY, FL 34652**

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0393150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOTELHO, NORBERTO S
2133 COLLINSWOOD CT.
NEW PORT RICHEY, FL 33552**

**DO NOT WRITE
IN THIS SPACE**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P BOTELHO, NORBERTO S 2133 COLLINSWOOD CT. NEW PORT RICHEY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an officer, trustee, or receiver empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERTO BOTELHO

Date

Daytime Phone #

4/26/04 727-442-3398

10f2

2082

NB DONUTS INC
MISSOURI DONUTS INC
SUNSET DONUTS INC
5524 US HWY 19 SOUTH
NEW PORT RICHEY, FL 04652
07-15-04

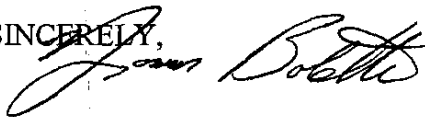
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR OR MADAM,

WE ARE WRITING TO REQUEST A WAIVER OF THE \$400 LATE FEE FOR FILING OF THE ANNUAL REPORTS FOR THE ABOVE 3 RELATED CORPORATIONS. WE SIGNED AND MAILED THE REPORTS ON 4/20/04, IN PLENTY OF TIME TO REACH YOU BY 5/1/04. SINCE WE DID NOT USE CERTIFIED MAIL, AND YOU KEEP NO RECORD OF THE POSTMARK DATE FOR REPORTS RECEIVED, WE CANNOT BE SURE WHERE THE HOLDUP OCCURRED.

IN LIGHT OF THIS WE WOULD LIKE TO ASK THAT THE PENALTY BE WAIVED, AS WE FEEL THAT WE FILED ON TIME.
WE WILL AWAIT YOUR DECISION.

SINCERELY,



NORBERTO BOTELHO
PRESIDENT
NB DONUTS INC (DOCUMENT #697668)
SUNSET DONUTS INC (DOCUMENT #H39897)
MISSOURI DONUTS INC (DOCUMENT #G43540)