2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2004 8:00 am Secretary of State DOCUMENT # F03000006274 1. Entity Name 03-17-2004 90029 021 ***150.00 HAPPY T CORPORATION Principal Place of Business Mailing Address 3920 MARINERS WAY #322 CORTEZ FL 34215 3885 S DECATUB BLVD STE 2010 LAS VEGAS NV 89103 2. Principal Place of Business 3. Mailing Address 1508 86+1 CT NW same Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 88-0416748 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Laurie Tinnell TINNELL, LAURIE L Street Address (P.O. Box Number is Not Acceptable) 3920 MARINERS WAY #322 CORTEZ FL 34215 Bradenton 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. 3-4-04 SIGNATURE (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 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CPT TITLE ☐ Delete TITLE Change ☐ Addition NAME TINNELL, LAURIE L NAME 3920 MARINERS WAY #322 STREET ADDRESS STREET ADDRESS CORTEZ EL 34215 CITY-ST-ZIP Bradenton, FL 34209 CITY-ST-ZIP TITLE Delete TITLE Addition TINNELL, PAUL F NAME NAME STREET ADDRESS 3920 MARINERS WAY #322 STREET ADDRESS CORTEZ-FL 34215-CITY-ST-ZIP CITY-ST-ZIP _____.Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

Laurie L Tinnell 3-4-04 941-792-2938