

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90033 012 \*\*\*150.00



**DOCUMENT # G52630**  
 1. Entity Name  
**GRANDMA'S BASKET BAZAAR, INC.**

Principal Place of Business      Mailing Address  
 2769 E OAKLAND PARK BLVD      2769 E OAKLAND PARK BLVD  
 2      2  
 FT LAUDERDALE FL 33306      FT LAUDERDALE FL 33306  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

MOORE      CR2E034 (11/03)

4. FEI Number      Applied For  
**59-2321740**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 SHEPHERD, JUDITH C.  
 4848 NE 23D AVE, 2B  
 FT LAUDERDALE FL 33308

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	T SHEPHERD, LAURA 2769 OAKLAND PK BLVD #2 FT. LAUDERDALE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHEPHERD, JUDITH C. 2769 E OAKLAND PK BLVD 2 FT. LAUDERDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEPHERD, MICHAEL W 2550 NE 51ST ST #307 FT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Judith C Shepherd, T. 2769 E Oakland Blvd Ft. Lauderdale FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Judith C. Shepherd V.P. 2769 E. Oakland Park Blvd Ft. Lauderdale FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:** Judith C Shepherd      2/24/04      954-561-1164  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 Judith C. SHEPHERD