

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

06-2004-90001-050 \*\*\*150.00  
H39897

FILED

04 JUL 27 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

54057876



04142004 No Chg-P CR2E034 (10/03) 04

4. FEI Number  
58-1612726

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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 COURT  
NEW PORT RICHEY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERTO BOTELHO 4/20/04 727-442-3398

Date

Daytime Phone #

2082

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

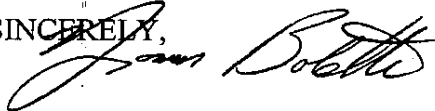
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

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)