## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Sep 24, 2004 8:00 am Secretary of State **DOCUMENT # J84684** 1. Entity Name 09-24-2004 90002 010 \*\*\*158.75 INDEPENDENT MERCHANDISING, INC. Mailing Address Principal Place of Business 173 VILLA DIESTE TERRACE 173 VILLA DIESTE TERRACE APT, 105 APT. 105 LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business 3. Mailing Address 120 INTELNATIONAL Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 09182004 CR2E034 (10/03) /\$5λ Suitte 4. FÉI Number Applied For City & State MA con EA THROW 59-3089186 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired À u's A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONIHI, BONNIE Street Address (P.O. Box Number is Not Acceptable) 173 VILLA ESTE TERRACE APT. 105 CT LAKE MARY, FL 32746 CityLAKE MAN 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 BONNIE DONIHI SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PTD ☐ Delete TITLE DONIHI, BONNIE NAME NAME 173 VILLA DI ESTE TERR., APT. 105 STREET ADDRESS 1217 PALM BREETA CT LAKE MANY, FL 32 STREET ADDRESS 32746 LAKE MARY, FL 32746 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE DONIHI, BURLESON NAME NAME 1217 PALM BREEZA Cī 173 VILLA DI ESTE TERR., APT. 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32746 LAKE MARY, FL 32746 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition THIE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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-7IP CITY-ST-ZIP 12. It 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

321 231-1786

Attachment 54073475 584684

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Sir or Madam; '

I apologize for returning this filing late.. My name is Bonnie Donihi and I am asking for your assistance with this filing.

I have had Ovarian Cancer twice in previous years and the doctors believed that once again I had recurred with this insidious disease. I was operated on for the eight time, the good news is the doctor did not find any sign of cancer. Unfortunately a month later I had a heart attack, more time in the hospital but again good news after running several tests the Doctor did not see any reason to operate.

Most recently our attention was again diverted because of the hurricanes that came through Central Florida.

With health issues subsiding and the weather clearing, hopefully we are on track to have a fabulous selling year.

Thank you for your consideration concerning this matter. Please let us know if you have any further questions.

Sincerely,

Bonnie Donihi

President

Independent Merchandising