


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90004 011 ***150.00

DOCUMENT # J95907 1. Entity Name NECESSITIES, INCORPORATED					
Principal Place of Business 8258 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 US			Mailing Address P.O. BOX 11679 JAX, FL 32239-1679 US		
2. Principal Place of Business <i>8260 Arlington Expy</i>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2855672	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COFFMAN, SHARON G 4816 CHARLES BENNETT DRIVE JAX, FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COFFMAN, SHARON G. 4816 CHARLES BENNETT DRIVE JAX, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LUCEY, BONNIE 12143 SPRINGMOOR NINE JACKSONVILLE, FL 32225		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <i>Sharon G. Coffman</i>			<i>Sharon Coffman</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>7/7/04</i> Daytime Phone #: <i>904-855-8080</i>		

Attachment

54d6890

NECESSITIES, INCORPORATED J95907
SECOND THOUGHTS INC. OF JACKSONVILLE P01000005789
COBBLESTONE CAFÉ OF JACKSONVILLE, INC. P01000111832
BRUMEL & COFFMAN, INC. H32382
BUBBA WORLD, INC. P03000154206
SWEET MAGNOLIAS, INC. P93000050582

July 1, 2004

Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

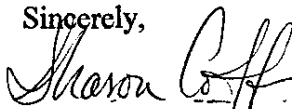
TO WHOM IT MAY CONCERN:

Originally when we received the postcards to file for the above corporations, we had some trouble with our computer and sent in the postcards for a paper form. As of this date we have not received the forms and today received postcards 'NOTICE OF INTENT TO DISSOLVE' for the above corporations.

We are naturally very upset as now we will have to pay a penalty when we were not remiss in sending in the forms, but rather did not receive the paper forms.

Please advise as soon as possible how shall we proceed in filing so we will not have to pay the penalty.

Sincerely,



SHARON COFFMAN
P.O. BOX 11679
JACKSONVILLE, FL 32239-1679
904-855-8080