

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90028 032 ***150.00

DOCUMENT # K26057

1. Entity Name

ELAINE WEBER DESIGNS, INC.



Principal Place of Business

1024 N PALMWAY
LAKE WORTH FL 33460
US

Mailing Address

1024 N PALMWAY
LAKE WORTH FL 33460
US

34020413

2. Principal Place of Business

1023 NORTH OST
Suite, Apt. #, etc.

3. Mailing Address

1023 NORTH OST
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

LAKE WORTH FL

Zip 33460

Country

USA

City & State

LAKE WORTH, FL

Zip 33460

Country

USA

4. FEI Number

65-0058365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBER, ELAINE
1024 N PALM WAY
SUITE #104
LAKE WORTH FL 33460

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

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

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 DP
NAME WEBER, ELAINE
STREET ADDRESS 1024 N. PALMWAY
CITY-ST-ZIP LAKE WORTH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME WEBER, ELAINE
STREET ADDRESS 1023 NORTH OST
CITY-ST-ZIP LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Elaine Weber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

561-585-7455

Daytime Phone #