

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # K54562

1. Entity Name
STRING OF PEARLS, INC.



Principal Place of Business
**37 JANET DR
CRAWFORDVILLE, FL 32327 US**

Mailing Address
**37 JANET DR
CRAWFORDVILLE, FL 32327 US**



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2925896

Applied Fee
(Not Applicable)

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

6. Name and Address of Current Registered Agent

**WAGNER, RONNY DALE
37 JANET DR
CRAWFORDVILLE, FL 32327**

**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

(Not applicable to printing name of registered agent and fee, if applicable)

(NOT: Registered Agent signature required when requesting)

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

NAME
**P
WAGNER, RONNY D**
STREET ADDRESS
37 JANET DR
CITY-STATE-ZIP
CRAWFORDVILLE, FL 32327

NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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03/22/04-80055-011 150.00

**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)(f), 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:

Ronny D Wagner
Ronny D Wagner

3-19-04

421-9453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR