

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K91991

1. Entity Name
NUTS TO YOU!, INC.



Principal Place of Business
**% SUE L. EVERETT
4627 - 27TH AVENUE NORTH
ST. PETERSBURG, FL 33713**

Mailing Address
**% SUE L. EVERETT
4627 - 27TH AVENUE NORTH
ST. PETERSBURG, FL 33713**

DO NOT WRITE IN THIS SPACE

FILED
Feb 02, 2004 08:00 AM
Secretary of State



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2951009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EVERETT, SUE L.
4627 - 27TH AVENUE NORTH
ST. PETERSBURG, FL 33713**

**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 _____ (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**

**000000024419
02/02/04-80066-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EVERETT, SUE L.
4627 27TH AVE NORTH
ST PETERSBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EVERETT, WILLIAM T.
4627 27TH AVE NORTH
ST PETERSBURG, 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

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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: Sue L. Everett / SUE L. EVERETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/04
Date

727-327-0064
Daytime Phone #