JUN-30-04 WED 12:43 PM ACCOUNTING CONSULTANTS FAX NO. 1

FILED
Jul 06, 2004 8:00 am
Secretary of State
07-06-2004 90142 001 ***300.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K99995

1. Entity Name
SUSAN FARIS DESIGNS, INC.

66429485

Principal Place of Business	Mailing Address
2887 22ND AVE N SUITE E ST PETERSBURG, FL 33713 US	5401 CENTRAL AVE. SAINT PETERSBURG, FL 33710 US

02192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1326 Monterey Blvd. NE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State
Zip: 33704 Country:	Zip: Country:

4. FEI Number: 95-4080352 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCATEE CPA, CAROL 5401 CENTRAL AVE SAINT PETERSBURG, FL 33710	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARIS, SUSAN 1326 MONTEREY BLVD. NE SAINT PETERSBURG, FL 33704 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Susan Faris 6/29
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #