


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L78304</b> 1. Entity Name PANACHE, INC.	
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Principal Place of Business 207 INLET DR ST. AUGUSTINE, FL 32080 US	Mailing Address 207 INLET DR ST. AUGUSTINE, FL 32080 US
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3011782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CONE, BARBARA H  
207 INLET DR  
SAINT AUGUSTINE, FL 32080

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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 Barbara H. Cone DATE 1-7-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONE, BARBARA H
STREET ADDRESS	207 INLET DR
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	VP
NAME	SETZER, PATRICIA S
STREET ADDRESS	4305 VENETIA BLVD
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	T
NAME	HELWIG, PAT C
STREET ADDRESS	1836 ELIZABETH PL
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

1000000178179  
01/10/05-80071-020 150.00

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: Barbara H. Cone DATE 1-7-05 DAYTIME PHONE # 904-824-8243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR