



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M74446 1. Entity Name FACETS ETC., INC.	
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Principal Place of Business 111-A S BRADFORD AVE TAMPA, FL 33609 US	Mailing Address 111-A S BRADFORD AVE TAMPA, FL 33609 US
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DO NOT WRITE IN THIS SPACE


03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0050364	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

**JORDAN, STEPHANIE B
749 FORTUNA DR
BRANDON, FL 33511**

**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 _____
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000104959 04/07/04-80006-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST BRIGMAN, MARLIN 5831 BRIGMAN AVE WIMAUMA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P JORDAN, STEPHANIE B 749 FORTUNA DR BRANDON, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CUONO, SAL 14040 ELLESMERE DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-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)(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:  **3/31/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #