

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # M93260**

1. Entity Name  
**VICTORIA'S PLACE, INC.**



7/8

07-08-2004 90097 027 \*\*\*150.00  
 08-09-2004 90015 028 \*\*\*400.00

Principal Place of Business  
**15200 CEDARWOOD LANE #205 NAPLES, FL 34110**

Mailing Address  
**15200 CEDARWOOD LANE #205 NAPLES, FL 34110**

2. Principal Place of Business  
**3440 Samantha Court**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.



07022004 Chg-P CR2E034 (10/03)

City & State  
**Benita Springs, FL**

Zip  
**34134**

Country  
**US**

4. FEI Number  
**59-2916010**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMITH, THOMAS R  
 C/O BEACON BUSINESS SERVICES UBC  
 15412 EAGLE RIVER WAY  
 TAMPA, FL 33624**

7. Name and Address of New Registered Agent  
 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 file if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!! FEE IS \$550.00**  
**Due by September 8, 2004**

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	PD GREEN, VICTORIA 15200 CEDARWOOD LANE #205 NAPLES, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 go address, with all other files empowered.

SIGNATURE: *Victoria Green* **7-2-04** *239-566-8238*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #

**Victoria**

*designs done a different way*

Attachment  
2407922

Please send renewal  
notice to

Victoria  
15200 Cedarwood Ln,  
#205  
Naples, FL 34110

Thank You!