

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

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

03-09-2004 90051 044 \*\*\*\*61.25



**DOCUMENT # N0200005884**

1. Entity Name

HOOKED ON SMILES, INC.

Principal Place of Business  
1848 BIG CRANE LOOP  
PORT ORANGE FL 32128

Mailing Address  
1848 BIG CRANE LOOP  
PORT ORANGE FL 32128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**52-2370655**

Applied For  
 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STORK, FLORENCE  
1848 BIG CRANE LOOP  
PORT ORANGE FL 32128

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STORK, FLORENCE	
STREET ADDRESS	1848 BIG CRANE LOOP	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, SUSAN	
STREET ADDRESS	243 RANDLE AVE	
CITY-ST-ZIP	OAK HILL FL 32759	
TITLE	T	<input type="checkbox"/> Delete
NAME	PASCavage, LINDA	
STREET ADDRESS	752 SANDY HILL CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, TAMMY	
STREET ADDRESS	1808 N. ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORKLE, NORMA	
STREET ADDRESS	473 S RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	COXWELL, CHERYL	
STREET ADDRESS	91 PINE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIE AREVALO	
STREET ADDRESS	847 MARLEY DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

*Florence Stork, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04  
Date

386-761-4613  
Daytime Phone #