

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 # N02000005884

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

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** ☐ Delete
NAME STORK, FLORENCE
STREET ADDRESS 1848 BIG CRANE LOOP
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE **V** ☐ Delete
NAME WILSON, SUSAN
STREET ADDRESS 243 RANDLE AVE
CITY-ST-ZIP OAK HILL FL 32759

TITLE **T** ☐ Delete
NAME PASCavage, LINDA
STREET ADDRESS 752 SANDY HILL CIRCLE
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE **S** ☒ Delete
NAME DAVIS, TAMMY
STREET ADDRESS 1808 N. ATLANTIC AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE **D** ☐ Delete
NAME CORKLE, NORMA
STREET ADDRESS 473 S RIDGEWOOD AVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE **D** ☐ 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** ☐ Change ☒ Addition
NAME JULIE AREVALO
STREET ADDRESS 847 MARLEY DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #