

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009313

1. Entity Name
SMALL WONDERS INTERNATIONAL, INC.



FILED

04 MAY 19 PM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
702 CAMPBELL STREET
TALLAHASSEE, FL 32301

Mailing Address
2750 OLD SAINT AUGUSTINE ROAD APT. C-24
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122003

Chg-NP

CR2E037 (10/03)

4. FEI Number

56-2408147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, CHARLENE D
2750 OLD SAINT AUGUSTINE ROAD APT C-24
TALLAHASSEE, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 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
NAME
CCEO
LEWIS, CHARLENE D
STREET ADDRESS
2750 OLD SAINT AUGUSTINE ROAD APT C-24
CITY-ST-ZIP
TALLAHASSEE, FL 32301

☐ Delete

TITLE
NAME
SCFO
LEONARD, LIONEL L SR
STREET ADDRESS
PO BOX 12181
CITY-ST-ZIP
TALLAHASSEE, FL 32317

☐ Delete

TITLE
NAME
D
LEWIS, SOLOMON E
STREET ADDRESS
2750 OLD SAINT AUGUSTINE ROAD APT C-24
CITY-ST-ZIP
TALLAHASSEE, FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200037761742
06/08/04--01031--006 **\$1.25

☐ Change

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☐ Addition

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:

Charlene Lewis Charlene Lewis May 18, 04 850 574-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #