

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90075 042 ***150.00

DOCUMENT # P00000053189

1. Entity Name
MRS. BLUMIE'S PORCELAIN DOLL STUDIO, INC.



Principal Place of Business
**123 N RIDGEWOOD DR
SEBRING FL 33870**

Mailing Address
**414 LAKE FRANCIS ROAD
LAKE PLACID, FL 33852**

2. Principal Place of Business

3. Mailing Address

203 N. Ridgewood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Rear

City & State

City & State

Sebring, FL

Zip

Country

Zip

Country

33870

USA

01252005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1019001

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

**BLUMENTAL, CATHERINE M
414 LAKE FRANCIS RD
LAKE PLACID, FL 33852**

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 *Catherine M Blumenthal* DATE *1/27/05*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 **D** ☐ Delete
NAME **BLUMENTHAL, CATHERINE**
STREET ADDRESS **414 LAKE FRANCIS ROAD**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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.

Catherine M Blumenthal

1/27/05