2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT# P00000056670

1. EntityName
PILKINGTONORCHIDS,INC.

PrincipalPlaceofBusiness	MailingAddress
34650 S.W. 212TH AVENUE HOMESTEAD, FL 33034	PO BOX 343545 HOMESTEAD, FL 33034

03232004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
65-0993581
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

PILKINGTON,JEFFREYJ
34650S.W.212THAVENUE
HOMESTEAD,FL33034

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre installing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	P
NAME	PILKINGTON,JEFFREYJ
STREETADDRESS	34650S.W.212THAVENUE
CITY-ST-ZIP	HOMESTEAD,FL33034
TITLE	V
NAME	SKILLITER,SHARONM
STREETADDRESS	34650S.W.212THAVENUE
CITY-ST-ZIP	HOMESTEAD,FL33034
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000128885
04/26/04-80057-011 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby 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.

SIGNATURE: _____ 4-22-04 305 245 7452
SIGNATUREANDTYPEORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#