

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State



DOCUMENT # P00000066253
1. Entity Name
ANYTHING HANDS & FEET, INC.

Principal Place of Business
**946 S DIXIE HWY
LANTANA, FL 33462**

Mailing Address
**946 S DIXIE HWY
LANTANA, FL 33462**



DO NOT WRITE IN THIS SPACE

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1022451

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

6. Name and Address of Current Registered Agent

**JACKSON, ROBERTA
946 S DIXIE HWY
LANTANA, FL 33462**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**U00000142747
04/30/04-80064-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACKSON, ROBERTA
STREET ADDRESS	946 S DIXIE HWY
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Roberta Jackson - ROBERTA JACKSON 4-13-04 - 561-582-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #