

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

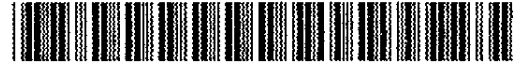
DOCUMENT # P00000079017

1. Entity Name
FINE LINES BOUTIQUE, INC.



Principal Place of Business
**2392 COMMERCIAL WAY
SPRING HILL, FL 34606**

Mailing Address
**2392 COMMERCIAL WAY
SPRING HILL, FL 34606**



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3665240

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSTON, DARRYL W ESQ.
29 SOUTH BROOKSVILLE AVENUE
BROOKSVILLE, FL 34601**

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IN THIS SPACE**

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

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIAS, LOIS
STREET ADDRESS	9256 ASHLEY DRIVE
CITY- ST- ZIP	BROOKSVILLE, FL 34613
TITLE	D
NAME	ROWE, JANET
STREET ADDRESS	8136 OMAHA CIRCLE
CITY- ST- ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	ADJAN, IRENE
STREET ADDRESS	10052 TWELVE OAKS COURT
CITY- ST- ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/04/04-80027-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lois Dias*