

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90210 032 ***150.00

DOCUMENT # P00000088865

1. Entity Name
THREE DUMMIES, INC.



Principal Place of Business

**625 NW 16 AVE
MIAMI, FL 33125**

Mailing Address

**625 NW 16 AVE
MIAMI, FL 33125**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1050576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BORDEN, DILLARD R
625 NW 16 AVE
MIAMI, FL 33125**

**DO NOT WRITE
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 *Kenneth C. Borden, Esq.*
Signature, typed or printed name of registered agent and title if applicable.

**Kenneth C. Borden, Esq.
7600 West 20th Ave.
Hialeah, FL 33016**

4/16/04
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: BORDEN, DILLARD R
STREET ADDRESS: 625 NW 16 AVE
CITY-ST-ZIP: MIAMI, FL 33125

TITLE: STD
NAME: BORDEN, JOY LYNN
STREET ADDRESS: 625 NW 16 AVE
CITY-ST-ZIP: MIAMI, FL 33125

TITLE: D
NAME: BORDEN, KENNETH C
STREET ADDRESS: 625 NW 16 AVE
CITY-ST-ZIP: MIAMI, FL 33125

TITLE: D
NAME: BORDEN, DILLARD R III
STREET ADDRESS: 625 NW 16 AVE
CITY-ST-ZIP: MIAMI, FL 33125

TITLE: D
NAME: BORDEN, JONATHAN R
STREET ADDRESS: 625 NW 16 AVE
CITY-ST-ZIP: MIAMI, FL 33125

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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)(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:

D.R. Borden Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.R. Borden Jr.

Date

Daytime Phone #

4/15/04

305-642-7822