2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P00000111513

1. Entity Name
CANICE, INC.

Principal Place of Business	Mailing Address
4145 S TAMIAMI TRAIL VENICE, FL 34293	4145 S TAMIAMI TRAIL VENICE, FL 34293

DO NOT WRITE IN THIS SPACE

03142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1062812
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRELL, DONALD J
1776 RINGLING BLVD
SARASOTA, FL 34236

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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. (DATE: 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

U00000154265
05/04/04-80160-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROOP, MARY
STREET ADDRESS	1133 OLGA COURT
CITY-ST-ZIP	VENICE, FL 34293
TITLE	ST
NAME	WINSHIP, NANCY
STREET ADDRESS	902 S DELAWARE AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	S
NAME	FASSLED, SUSAN
STREET ADDRESS	7 FLIGHT LOCKE LANE
CITY-ST-ZIP	MEDFIELD, MA 02052
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE 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: Mary Roop 4-15-04 941-408-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #