

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 4145 S TAMAMI TRAIL VENICE, FL 34293	Mailing Address 4145 S TAMAMI TRAIL VENICE, FL 34293
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03142004 No Chg-P CR2ED34 (10/03)

DO NOT WRITE IN THIS SPACE

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.

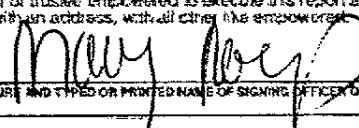
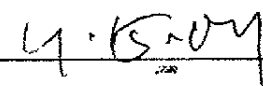
SIGNATURE _____
Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered agent signature required when returning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$330.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000154265 05/04/04-80160-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P ROOP, MARY 1133 OLGA COURT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY ST ZIP	ST WINSHIP, NANCY 902 S DELAWARE AVE TAMPA, FL 33806
TITLE NAME STREET ADDRESS CITY ST ZIP	S FASSELD, SUSAN 7 FLIGHT LOCKE LANE 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 119.073(3), 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 empowerments.

SIGNATURE: 		941-408-1800 Corporate Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		