

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90003 032 ***150.00

DOCUMENT # P00000117129

1. Entity Name
MOTHERS ALMANAC, INC.



Principal Place of Business
2989 W. State Rd 434
STE. 300
Longwood, FL 32779

Mailing Address
2989 W. State Rd 434
STE 300
Longwood FL 32779

54057319



DO NOT WRITE IN THIS SPACE

05072004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0624136

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Roger Fielding
2989 W. State Road 434
Suite 300
Longwood FL 32779

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME FIELDING, SHAMIRA
STREET ADDRESS 200 Sweetwater Place
CITY-ST-ZIP Longwood, FL 32779

TITLE SD
NAME Roger Fielding
STREET ADDRESS 200 Sweetwater Place
CITY-ST-ZIP Longwood, FL 32779

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CITY-ST-ZIP

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IN THIS SPACE**

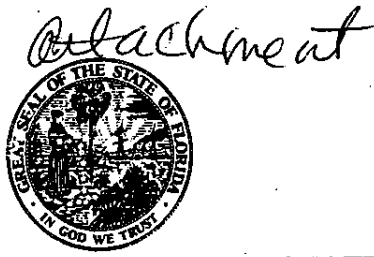
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #



54057319

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 7, 2004

MOTHERS ALMANAC, INC.
600 CALEDONIA PLACE
LARGO, FL 33771

SUBJECT: MOTHERS ALMANAC, INC.
Ref. Number: P00000117129

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 004A00031906



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

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State of Florida
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Attachment

54057319

ANNUAL REPORT NOTICE

#P00000117129

0068716 01 AV 0.176 **AUTO TS 0 1201 32779-489875

|||||
CULTURAL VACATIONS, INC.
2989 WEST STATE RD. 434, STE 300
LONGWOOD FL 32779-4898

To receive a form by mail:

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

~~P00000117129~~

~~CULTURAL VACATIONS, INC.~~
2989 WEST STATE RD. 434, STE 300
LONGWOOD FL 32779-4898

P00000117129
Mothers Almanac Inc.

Change of Address



CRZE095 10/03