## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 09, 2004 8:00 am Secretary of State **DOCUMENT # P01000005789** 1. Entity Name 07-09-2004 90004 015 \*\*\*150.00 SECOND THOUGHTS, INC. OF JACKSONVILLE Mailing Address Principal Place of Business 1135 ARLINGTON ROAD 1135 ARLINGTON ROAD ~~~~000 JACKSONVILLE, FL 32221 JACKSONVILLE, FL 32221 3. Mailing Address P.O. BOX 11679 2. Principal Place of Business UI4 5. McD Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State Tacksonville. FL 59-3700366 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent COFFMAN, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1125 ARLINGTON ROAD JACKSONVILLE, FL 32211 4816 Charles Bennett Orive 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 SIGNATURE. DATE Signature, typed or printed name of regist 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition TITLE Change PO ☐ Delete TITLE COFFMAN, JAMES R NAME NAME **4816 CHARLES BENNETT DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Change Addition VPD Delete TITLE TITLE NAME LUCEY, MICHAEL NAME 12143 Springmoor Nive STREET ADDRESS 12146 SPRINGMOOR NINE STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE TD ☐ Delete TITLE COFFMAN, SHARON NAME NAME STREET ADDRESS STREET ADDRESS **4816 CHARLES BENNETT DRIVE** JACKSONVILLE, FL 32225 CITY-ST-ZIP CITY:ST-ZIP ☐ Change ■ Addition TITLE SD ☐ Delete TITLE Lucey, Bonnie 12143 Springmoor Nine NAME LUCEY, DINNIE NAME STREET ADDRESS 12146 SPRINGMOOR NINE STREET ADDRESS CITY-ST-7/P JACKSONVILLE, FL 32225 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the corporation changed, or on an attachment with an address laron SIGNATURE: \

FILED

PHACHMENT

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NECESSITIES, INCORPORATEI J95907
SECOND THOUGHTS INC. OF JACKSONVILLE P01000005789
COBBLESTONE CAFÉ OF JACKSONVILLE, INC. P01000111832
BRUMEL & COFFMAN, INC. H32382
BUBBA WORLD, INC. P03000154206
SWEET MAGNOLIAS, INC. P93000050582

July 1, 2004

Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314-6198

## TO WHOM IT MAY CONCERN:

Originally when we received the postcards to file for the above corporations, we had some trouble with our computer and sent in the postcards for a paper form. As of this date we have not received the forms and today received postcards 'NOTICE OF INTENT TO DISSOLVE" for the above corporations.

We are naturally very upset as now we will have to pay a penalty when we were not remiss in sending in the forms, but rather did not receive the paper forms.

Please advise as soon as possible how shall we proceed in filing so we will not have to pay the penalty.

Sincerely,

SHARON COFFMAN

P.O. BOX 11679

JACKSONVILLE, FL 32239-1679

TO CAMP FOR HIS MINE OF WAY AS THE REPLACED

904-855-8080