

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000031487

1. Entity Name
 HONEYBEES AND THE LADYBUG, INC.



Principal Place of Business
 6541 SHERMAN STREET
 HOLLYWOOD, FL 33024

Mailing Address
 6541 SHERMAN STREET
 HOLLYWOOD, FL 33024



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1086907	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, MARTHA
 6541 SHERMAN STREET
 HOLLYWOOD, FL 33024

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 \$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

U00000106524
 04/08/04-BUN19-003 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CALDWELL, MARTHA 6541 SHERMAN STREET HOLLYWOOD, FL 33024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CALDWELL, EDWARD E 6541 SHERMAN STREET HOLLYWOOD, FL 33024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(c), 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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA CALDWELL

Date

4/6/04

Daytime Phone #

(954) 962-2141