

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000042761	
1. Entity Name BABY BUNGALOW, INC.	



Principal Place of Business 100 WEST LIVINGSTON STREET, STE 200 ORLANDO, FL 32801	Mailing Address 100 WEST LIVINGSTON STREET, STE 200 ORLANDO, FL 32801
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01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3713812	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARMENING, W.A. II 100 WEST LIVINGSTON STREET, STE 200 ORLANDO, FL 32801

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 _____ (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

0000000048430
02/12/04-80079-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMENING, W.A. II 100 WEST LIVINGSTON STREET, STE 200 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARMENING, MARY D 1101 PALMER AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIMAN, SUSU D 901 ALHAMBEA CT ORLANDO, FL 32804
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: W.A. Harmening II 1/8/04 407-843-5715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #