

**004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 05, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000048718

1. Entity Name
COUTURE CAKES, INC.



Principal Place of Business
**1684 WINGSPAN WAY
WINTER SPRINGS, FL 32708**

Mailing Address
**1684 WINGSPAN WAY
WINTER SPRINGS, FL 32708**



04012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3717492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, ELAINE
1684 WINGSPAN WAY
WINTER SPRINGS, FL 32708**

**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 *Elaine B. Jenkins* DATE *01 Apr 04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JENKINS, ELAINE
STREET ADDRESS 1684 WINGSPAN WAY
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D
NAME JENKINS, RICHARD J
STREET ADDRESS 1684 WINGSPAN WAY
CITY-ST-ZIP WINTER SPRINGS, FL 32708

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U00000102359
04/05/04-80011-017 150.00

**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: *Elaine B. Jenkins* DATE *01 Apr 04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR