

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90005 031 ***150.00

DOCUMENT # P01000063923

1. Entity Name

MAMA'S CRADLE, INC.



Principal Place of Business

**10241 SUGAR CREEK DRIVE
PENSACOLA FL 32514**

Mailing Address

**10241 SUGAR CREEK DRIVE
PENSACOLA FL 32514**

2. Principal Place of Business

4405 CEDARBROOK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4405 CEDARBROOK DRIVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PENSACOLA, FLORIDA

Zip
32526

Country

ESCAMBIA

City & State

PENSACOLA, FLORIDA

Zip
32526

Country

ESCAMBIA

4. FEI Number

59-3729879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, VICKI L
10241 SUGAR CREEK DRIVE
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

**D
TAYLOR, VICKI L
10241 SUGAR CREEK DRIVE
PENSACOLA FL 32514**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**P.V.S.T
VICKI L. TAYLOR
4405 CEDARBROOK DRIVE
PENSACOLA, FLORIDA 32526**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: Vicki L. Taylor, Inc. Pres. 03/06/04 850-944-0445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #