

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000085798

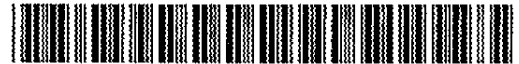
1. Entity Name
BASKET WORKS & COMPANY, INC.



Principal Place of Business
4717 N W 76 STREET
COCONUT CREEK, FL 33073

Mailing Address
4717 N W 76 STREET
COCONUT CREEK, FL 33073

FILED
Feb 06, 2004 08:00 AM
Secretary of State



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1135834

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DICUS, LYNN
3425 DUNES VISTA DR
POMPANO BEACH, FL 33069

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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 | D |
| NAME | DICUS, LYNN |
| STREET ADDRESS | 4717 N W 76 STREET |
| CITY- ST- ZIP | COCONUT CREEK, FL 33073 |
| TITLE | D |
| NAME | MARTIN, SUSAN |
| STREET ADDRESS | 3425 DUNES VISTA DRIVE |
| CITY- ST- ZIP | POMPANO BEACH, FL 33069 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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02/06/04-80133-013 150.00

**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: Sue Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04 954-596-2071
Date Daytime Phone #