


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90276 028 ***150.00

DOCUMENT # P01000107781 1. Entity Name LIZ'S SCENTED CANDLES BOUTIQUE, INC.	
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Principal Place of Business 508 LEGUME DRIVE PORT ORANGE, FL 32127	Mailing Address 508 LEGUME DRIVE PORT ORANGE, FL 32127
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94054375



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3755603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TREVATHAN, ELIZABETH 508 LEGUME DRIVE PORT ORANGE, FL 32127	DO NOT WRITE IN THIS SPACE
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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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREVATHAN, ELISABETH 508 LEGUME DR. PORT ORANGE, FL 32127 <i>CORRECT SPELLING</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREVATHAN, ELISABETH 508 Legume DRIVE Port Orange, FL 32127
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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: Elisabeth Trevathan, Elisabeth TREVATHAN 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

386-767-8917