2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000115350

1. Entity Name
ETHICAL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
741 NW 89TH TERR PEMBROKE PINES, FL 33024-6429	741 NW 89TH TERR PEMBROKE PINES, FL 33024-6429

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03042003 No Chg-P CR2E034 (10/03)

4. FEI Number
80-0025681

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MYERS SIMMONDS, P.A.
4801 S UNIVERSITY DR, SUITE 3010
FT LAUDERDALE, FL 33328

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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 _____ DATE
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOULD, DONA W
STREET ADDRESS	741 NW 89TH TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	S
NAME	ULRICH, ROBERT
STREET ADDRESS	741 NW 89TH TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 330246429
TITLE	T
NAME	MCCLOUD, GLEN
STREET ADDRESS	13080 SW 7TH CT
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	V
NAME	SCHWAB, NANCY
STREET ADDRESS	72 RIVERVIEW TERR
CITY-ST-ZIP	RIVERDALE, NJ 07457
TITLE	V
NAME	HARDIMAN, THERESA
STREET ADDRESS	8 BIRCHWOOD TRAIL
CITY-ST-ZIP	KINNELON, NJ 07405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Dona W Gould 5-10-03 954-538-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #