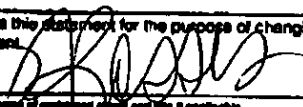
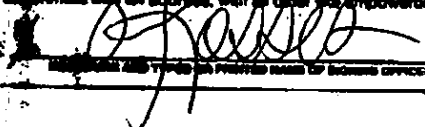


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

5/3/

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 91222 021 ***150.00

DOCUMENT # P01000116185			
1. Entity Name POP-LOLLIES, INC.			
Principal Place of Business 3407 S. DALE MABRY HWY TAMPA, FL 33629-0601		Mailing Address 3407 S. DALE MABRY HWY TAMPA, FL 33629-0601	
2. Principal Place of Business 2307 S. Dale Mabry Suite C7 Tampa, FL 33629		3. Mailing Address Suite, Apt. #, etc. SAME City & State Tampa, FL Zip 33629	
4. FEI Number 59-3758747		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent KOSSES, VANESSA 3407 S DALE MABRY HWY TAMPA, FL 33629-0601		7. Name and Address of New Registered Agent Name: Pop Lollies / Vanessa Kosses Street Address (P.O. Box Number is Not Acceptable) 2307 S. Dale Mabry Hwy Suite C7 City: Tampa FL Zip Code: 33629	
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: _____			
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 Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOSSES, VANESSA 4011 FAIR OAKS AVE TAMPA, FL 33611 President	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, GENA 2808 W EDGEWOOD TAMPA, FL 33607 Vice President	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CASH, TINA 4113 SAN LUIS TAMPA, FL 33629 treasurer	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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 as changed, or as an amendment to an address, with all other the empowered.			
SIGNATURE: 		4/30/04 8138358208	

00447030



04262004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3758747Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredKOSSES, VANESSA
3407 S DALE MABRY HWY
TAMPA, FL 33629-0601Name: Pop Lollies / Vanessa Kosses
Street Address (P.O. Box Number is Not Acceptable)2307 S. Dale Mabry Hwy Suite C7
City: Tampa FL Zip Code: 33629

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SIGNATURE

Signature, print or printed name of registered agent and fee if applicable.

NOTE: Registered Agent signature required when releasing.

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOSSES, VANESSA 4011 FAIR OAKS AVE TAMPA, FL 33611 President	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MITCHELL, GENA 2808 W EDGEWOOD TAMPA, FL 33607 Vice President	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CASH, TINA 4113 SAN LUIS TAMPA, FL 33629 treasurer	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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SIGNATURE:

Signature, print or printed name of registered agent and fee if applicable.

Date

Signature Number