04/28/2004 17:25 8138373646 DENNIS M. POSTON

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 33629-8601

Mailing Address
3407 S. DALE MABRY HWY
TAMPA, FL 33629-8601

00427030

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
2307 S. Dale Mabry
Suite/Apt. #, etc.
Suite G
City & State
Tampa, FL
Zip
33629
County
Hills

3. Mailing Address
Suite/Apt. #, etc.
SAME
City & State
Zip
Country

4. FEI Number
59-3758747
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
KOSSES, VANESSA
3407 S DALE MABRY HWY
TAMPA, FL 33629-8601

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 G
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: [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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOSSES, VANESSA 4011 PALM OAKS AVE TAMPA, FL 33611 President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, GENA 2509 W EDGEWOOD TAMPA, FL 33607 Vice President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASH, TINA 4113 SAN LUIS TAMPA, FL 33609 Treasurer ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/30/04 8138373646
TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR Date Daytime Phone #