

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

08-19-2004 90053 025 ***150.00
P02000017631

FILED

04 SEP 13 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54068976



08122004 No Chg-P CR2E034 (10/03) 04

4. FEI Number 37-1421278 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

RAKES, DARLA
2382 CHESTERFIELD CIR.
LAKELAND, FL 33813

**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

Darke Rakes

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-8-2004

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | RAKES, DARLA |
| STREET ADDRESS | 2382 CHESTERFIELD CIR. |
| CITY-ST-ZIP | LAKELAND, FL 33813 |
| TITLE | D |
| NAME | RAKES, MICHAEL |
| STREET ADDRESS | 2382 CHESTERFIELD CIR. |
| CITY-ST-ZIP | LAKELAND, FL 33813 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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:

Darke Rakes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-8-2004

10f2

2082

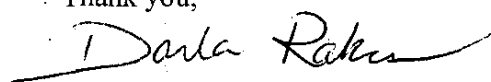
September 1, 2004

Division of Corporations
PO Box 6198
Tallahassee, FL 32313

To Whom It May Concern:

We are asking for the waiving of the penalty and fine for our filing late. We did not receive the notice and frankly were not aware. We thought our CPA received those documents and had taken care of them.

Thank you,

A handwritten signature in cursive script that reads "Darla Rakes". The signature is written in dark ink and is positioned above the printed name and company name.

Darla Rakes
The Character Company

FEI# 37-1421278