
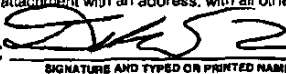


FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90291 030 ***158.75

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|---|---|--|
| DOCUMENT # P02000029607 | |  | |
| 1. Entity Name THE ORIGINAL CUPCAKE SHOT DRINK COMPANY | | | |
| Principal Place of Business 1437 WHOOPING DRIVE GROVELAND, FL 34736 | | Mailing Address 1437 WHOOPING DRIVE GROVELAND, FL 34736 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 04242004 | | Chg-P | CR2E034 (10/03) |
| 4. FEI Number 03-0430581 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CURRIER, DEBORAH 1437 WHOOPING DR GROVELAND, FL 34736 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | VP CURRIER, JR, JEFF 1437 WHOOPING DRIVE GROVELAND, FL 34736 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO / President Currier, Deborah 1437 Whooping Drive Groveland, FL 34736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | Date: 04-27-04 352-409-4384 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000029607**

1. Entity Name

THE ORIGINAL CUPCAKE SHOT DRINK COMPANY



Principal Place of Business
ATTN: DEBBIE CURRIER
1437 WHOOPING DR
GROVELAND FL 34736

Mailing Address
ATTN: DEBBIE CURRIER
1437 WHOOPING DR
GROVELAND FL 34736

2. Principal Place of Business

1437 Whooping Drive
Suite, Apt. #, etc.

3. Mailing Address

1437 Whooping Drive
Suite, Apt. #, etc.

City & State

Groveland FL

City & State

Groveland FL

4. FEI Number

03-0430581

Applied For

Not Applicable

Zip

34736

Country

USA

Zip

34736

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURRIER, DEBORAH
1437 WHOOPING DR
GROVELAND FL 34736

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 | CEO CURRIER, DEBORAH 1437 WHOOPING DRIVE GROVELAND FL 34736 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President JEFF CURRIER, JR. 1437 Whooping Drive Groveland, FL 34736 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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Attachment

Summers
pd the \$1006
158.75

66422730

☐ CHECK HERE IF MAKING CHANGES