


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000032997		
1. Entity Name CHIC-E-BABIES PRODUCTION, INC.		
Principal Place of Business 402 NE 19TH PLACE CAPE CORAL, FL 33909	Mailing Address PO BOX 311, MAILBOX ETC 4085 HANCOCK BRIDGE PKWY SUITE 111 N FT MYERS, FL 33903	



02182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3626807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARR, RODNEY A 402 NE 19TH PLACE CAPE CORAL, FL 33909
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**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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARR, RODNEY A 402 NE 19TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARR, DEBRA D 402 NE 19TH PLACE CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARR, ANDAMO 9100 CYPRESS DR S FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARR, LISA N 9100 CYPRESS DR S FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/04-80008-024 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 (239) 772-9776
Date Daytime Phone #