

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90024 007 ***150.00

DOCUMENT # P02000045192

1. Entity Name
THIS-N-THAT ENTERPRISES, INC.



Principal Place of Business
4982 BROOKMEADE DR
SARASOTA, FL 34232

Mailing Address
4411 BEE RIDGE RD
#267
SARASOTA, FL 34233

34000187



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
03-0433863

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONSEF, TODD A
4982 BROOKMEADE DR
SARASOTA, FL 34232

Name

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 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 **D** ☐ Delete
NAME JONSEF, TODD A
STREET ADDRESS 4982 BROOK MEADE DR
CITY-ST-ZIP SARASOTA, FL 34232

TITLE **Vice-President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☐ Change ☒ Addition
NAME **Gary Jonsef**
STREET ADDRESS **7209 Ginger Lodge Road #14**
CITY-ST-ZIP **Bradenton, FL 34202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Bettina Jonsef**
STREET ADDRESS **4982 Brookmeade Drive**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Connie Belmont**
STREET ADDRESS **2713 Sheffield Circle**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

01/19/04

Date

941-726-2834

Daytime Phone