

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90255 017 ***150.00

DOCUMENT # P02000055188 1. Entity Name HER SPECIAL TIME MATERNITY BOUTIQUE, INC.			
Principal Place of Business 1744 BRUCE B DOWNS BLVD STE 126 WESLEY CHAPEL, FL 33543		Mailing Address 1744 BRUCE B DOWNS BLVD STE 126 WESLEY CHAPEL, FL 33543	
2. Principal Place of Business 1746 Bruce B. Downs Blvd Ste 126 Suite, Apt. #, etc. Ste 126 City & State Wesley Chapel, FL Zip 33543 Country US		3. Mailing Address 1746 Bruce B. Downs Blvd Ste 126 Suite, Apt. #, etc. Ste 126 City & State Wesley Chapel, FL Zip 33543 Country US	
4. FEI Number 01-0710023		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPAW, SHERRIL 27716 BREAKERS DR WESLEY CHAPEL, FL 33543		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	DV SMITH, SHARON E 27050 SEA BREEZE WAY WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SPAW, SHERRIL 1744 BRUCE B DOWNS STE 126 ZEPHYRHILLS, FL 33543	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, SHARON C 1744 BRUCE B DOWNS STE 126 ZEPHYRHILLS, FL 33543	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<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: <u>Sharon C. Smith</u> <u>Sharon C. Smith</u> <u>4/25/04</u> <u>813-272-8094</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			