

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2004 90301 002 ***150.00

DOCUMENT # P02000063900

1. Entity Name

HYDE PARK CREAMERY INC.



Principal Place of Business

500 SOUTH HOWARD AVE
TAMPA FL 33606

Mailing Address

1810 E. PALM AVE., APT #2104
TAMPA FL 33605

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

420 ISLAND CAY WAY

Suite, Apt. #, etc.

City & State

City & State
APOLLO BEACH, FL

4. FEI Number

01-0720756

Applied For

Not Applicable

Zip

Country

Zip

Country

33572

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIRFAS, MICHAEL
1810 E. PALM AVE., APT #2104
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

ZIRFAS MICHAEL

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

420 ISLAND CAY WAY

City

APOLLO BEACH

FL

Zip Code

33572

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

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 PDST ☐ Delete
NAME ZIRFAS, MICHAEL
STREET ADDRESS 1810 E. PALM AVE., #2104
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☐ Change ☐ Addition
NAME ZIRFAS, MICHAEL
STREET ADDRESS 420 ISLAND CAY WAY
CITY-ST-ZIP APOLLO BEACH FL 33572

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

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

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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:

Michael Zirfas MICHAEL ZIRFAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 (813) 766-8854
Date Daytime Phone #