

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90005 024 ***550.00

DOCUMENT # P02000073331

1. Entity Name
SELF EXPRESSIONS NURSING SUPPLIES, INC.



Principal Place of Business
40 ROBINWOOD DR, NW
FORT WALTON BEACH, FL 32548

Mailing Address
40 ROBINWOOD DR, NW
FORT WALTON BEACH, FL 32548

44046021



2. Principal Place of Business

3. Mailing Address

1 Sherwood Dr
Suite, Apt. #, etc.

1 Sherwood Dr
Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State
Shalimar, FL
Zip
32579
Country
U.S.

City & State
Shalimar FL
Zip
32579
Country
U.S.

4. FEI Number
02-0631466

Applied For
Not Applicable

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

SELF, DONNA K
40 ROBINWOOD DR. NW
FORT WALTON BEACH, FL 32548

Name
Self, Donna K
Street Address (P.O. Box Number is Not Acceptable)
1 Sherwood Dr
City Shalimar FL Zip Code 32579

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 *Donna K Self*

22 May 2004

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
SELF, DONNA K
40 ROBINWOOD DR. N.W.
FORT WALTON BEACH, FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LEO
Self, Donna K
1 Sherwood Dr
Shalimar FL 32579 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOO
SELF, ARTHUR B
40 ROBINWOOD DR. N.W.
FORT WALTON BEACH, FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOO
Self, Arthur B
1 Sherwood Dr
Shalimar, FL 32579 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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:

Donna K Self, Donna K Self, CEO, 22 May 04 850-651-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #