

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90078 018 \*\*\*158.75

**DOCUMENT # P02000073509**

1. Entity Name  
**ONE LOVE PROMOTIONS, INC.**



Principal Place of Business  
**6311 SILVER AND LEWIS LN  
FT MYERS, FL 33912**

Mailing Address  
**6311 SILVER AND LEWIS LN  
FT MYERS, FL 33912**

**94044433**



2. Principal Place of Business

**602 CENTER ROAD**

3. Mailing Address

**602 CENTER ROAD**

Suite, Apt. #, etc.

**B**

Suite, Apt. #, etc.

**B**

03312004

Chg-P

CR2E034 (10/03)

City & State

**FT. MYERS FL**

City & State

**FT. MYERS FL**

4. FEI Number

**55-0788756**

Applied For

Not Applicable

Zip

**33907**

Country

**USA**

Zip

**33907**

Country

**USA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WELLMAN, SHELLY  
12730 NEW BRITTANY BLVD 4 FLR  
FT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name **AMY SILVER**

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

**602-B CENTER ROAD**

City **FT. MYERS**

**FL**

Zip Code **33907**

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 **Amy Silver**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

**3/31/2004**

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 **PVST** ☐ Delete  
NAME **SILVER, AMY**  
STREET ADDRESS **6311 SILVER AND LEWIS LN**  
CITY-ST-ZIP **FT MYERS, FL 33912**

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **602-B CENTER ROAD**  
CITY-ST-ZIP **FT. MYERS, FL 33907**

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

TITLE ☐ Change ☐ Addition  
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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: **Amy Silver**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/2004**

Date

**239-768-1234**

Daytime Phone #