

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91016 026 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000075831	
1. Entity Name LIQUID FIT, INC.	

Principal Place of Business 15836 NORTH DALE MABRY HWY TAMPA, FL 33617	Mailing Address C/O HARTMAN AND HARTMAN CPAS PA 11404 1/2 NORTH 56TH ST TAMPA, FL 33617
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J4U01460



DO NOT WRITE IN THIS SPACE

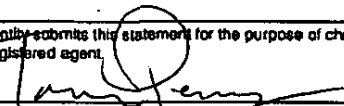
04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2372886	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required	

6. Name and Address of Current Registered Agent (wrong #) PEAVY, TAMMY 15836 N DALE MABRY HWY TAMPA, FL 13106 N Dale Mabry Hwy Tampa FL 33618	
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DO NOT WRITE IN THIS SPACE

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:  DATE: _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when registering)

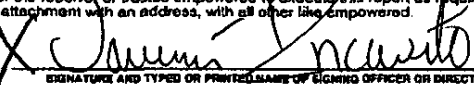
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEAVY, TAMMY 13106 N DALE MABRY HWY TAMPA, FL 33618 16106 N Dale Mabry Tampa FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V INCAVIDO, JAMISON M 13106 N DAL MABRY HWY TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

Date

Daytime Phone #

4-24-4 (813) 786-3788