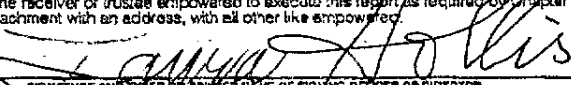


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000092715		
1. Entity Name LAURA'S PLACE OF ST. PETE BEACH INC.		
Principal Place of Business 425 COREY AVE ST PETERSBURG BEACH, FL 33706		Mailing Address 425 COREY AVE ST PETERSBURG BEACH, FL 33706
DO NOT WRITE IN THIS SPACE		
07012004 No Chg-P CR2E034 (10/03)		
4. FEI Number 82-0560268		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOLLIS, LAURA 425 COREY AVE ST PETERSBURG BEACH, FL 33706		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	HOLLIS, LAURA	
STREET ADDRESS	425 COREY AVENUE	
CITY-ST-ZIP	SAINT PETERSBURG BEACH, FL 33706	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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)(c), 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: 		07/01/04 (727) 360-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____