


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000094460 1. Entity Name SOUTHERN BAKED BEADS, INC. |  |
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| Principal Place of Business 5500 HARBORAGE DRIVE FORT MYERS, FL 33908 | Mailing Address 5500 HARBORAGE DRIVE FORT MYERS, FL 33908 |
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01082004 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 14-1845160 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LANDSTEINER, JOYCE A
5500 HARBORAGE DRIVE
FORT MYERS, FL 33908

**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 Joyce A. Landsteiner DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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**

U00000100161
03/31/04-80035-011 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANDSTEINER, JOYCE A 5500 HARBORAGE DRIVE FORT MYERS, FL 33908 |
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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 807, 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: Joyce A. Landsteiner March 12397 454-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #