

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000096081**

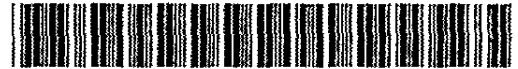
1. Entity Name  
SOAPY SOLUTIONS, INC.



Principal Place of Business  
322 NE 38 STREET  
OAKLAND PARK, FL 33334

Mailing Address  
322 NE 38 STREET  
OAKLAND PARK, FL 33334

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
41-2061848

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PRITCHETT, SUSAN R  
1255 N.E. 34 STREET  
OAKLAND PARK, FL 33334

**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 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

1000000149954  
05/03/04-80205-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PRITCHETT, KERRY A  
STREET ADDRESS 1255 N.E. 34 STREET  
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE D  
NAME PRITCHETT, SUSAN R  
STREET ADDRESS 1255 N.E. 34 STREET  
CITY-ST-ZIP OAKLAND PARK, FL 33334

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

**DO NOT WRITE  
IN THIS SPACE**

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: Susan R Pritchett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 954-500-714

Date

Daytime Phone #