

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90006 026 ***150.00

DOCUMENT # P02000123249

1. Entity Name
PRICKLY PEARS, INC.



Principal Place of Business
101 S. 36TH ST.
MEXICO BEACH, FL 32456

Mailing Address
101 S. 36TH STREET
MEXICO BEACH, FL 32456

54055214



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

51-0443393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWERY, DOLORES
~~7666 ALABAMA AVENUE~~ 318 HELMET ST.
~~ST. JOE BEACH, FL 32456~~ BEACON HILL, FL
32456

Name

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

City

FL

Zip Code

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOWERY, DOLORES	
STREET ADDRESS	7666 ALABAMA AVENUE	
CITY-ST-ZIP	ST. JOE BEACH, FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWERY, JAMES H JR.	
STREET ADDRESS	7666 ALABAMA AVENUE	
CITY-ST-ZIP	ST. JOE BEACH, FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLORES LOWERY	
STREET ADDRESS	318 HELMET ST	
CITY-ST-ZIP	BEACON HILL FL 32456	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES LOWERY	
STREET ADDRESS	318 HELMET ST.	
CITY-ST-ZIP	BEACON HILL FL 32456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOLORES LOWERY

4/30/04 850-648-1115