

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000129150

1. Entity Name
CORNER CUP, INC.



Principal Place of Business
3333 NW 38TH ST.
GAINESVILLE, FL 32605

Mailing Address
3333 NW 38TH ST.
GAINESVILLE, FL 32605



07162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2070801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YONKE, MICHELLE P
3333 NW 38TH ST.
GAINESVILLE, FL 32605

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000172358
09/17/04-800006-008 \$550.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YONKE, MICHELLE P
STREET ADDRESS 3333 NW 38TH ST.
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE STD
NAME PIPPIN, HUBERT L
STREET ADDRESS 1875 BAY RD., #316H
CITY-ST-ZIP VERO BEACH, FL 32963

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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:

M. Michelle P. Yonke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 9/8/04

Date

Daytime Phone