

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/3/2004-90431-042-\$150.00-\$150.00

DOCUMENT # P03000000145



1. Entity Name
(BRENDA'S) EXCLUSIVE CUTS, INC.

Principal Place of Business
1611 HENDRY ST., #12
FT. MYERS FL 33901

Mailing Address
1611 HENDRY ST., #12
FT. MYERS FL 33901

2. Principal Place of Business # 12
1611 Hendry St # 12
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ft Myers Fla

City & State
Ft Myers Fla

Zip
33901

Country
Lee

Zip
33901

Country
Lee

FILED
04 JUL -1 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

4. FEI Number
57-1163738

Applied For
Not Applicable

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

ILES, BRENDA
1611 HENDRY ST., #12
FT. MYERS FL 33901

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 _____ DATE _____
(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ILES, BRANDA	
STREET ADDRESS	2233 CLIFFORD ST.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

RECEIVED IN CORRESPONDENCE
IRS OSC - 604

MAY 30 2004

OGDEN, UTAH

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date Daytime Phone #