

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90245 043 \*\*\*150.00

**DOCUMENT # P03000002830**

1. Entity Name

**KRISTIN CRUZ INCORPORATED**



Principal Place of Business

**311 42ND STREET CT. W.  
PALMETTO FL 34221**

Mailing Address

**311 42ND STREET CT. W.  
PALMETTO FL 34221**

2. Principal Place of Business

**3303 46th Plaza E**

3. Mailing Address

**3303 46th Plaza E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bradenton FL**

City & State

**Bradenton FL**

Zip

**34203**

Country

**USA**

Zip

**34203**

Country

**USA**

4. FEI Number

**59-3765135**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, KRISTIN  
311 42ND STREET CT. W.  
PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name

**Cruz, Kristin**

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

**3303 46th Plaza E**

City

**Bradenton**

FL

Zip Code

**34203**

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

*Kristin Cruz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-22-04**

**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 PD ☐ Delete  
NAME CRUZ, KRISTIN  
STREET ADDRESS 311 42ND STREET CT. W.  
CITY-ST-ZIP PALMETTO FL 34221

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Cruz, Kristin  
STREET ADDRESS 3303 46th Plaza E  
CITY-ST-ZIP Bradenton FL 34203

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

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:

*Kristin Cruz* Kristin Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-22-04**

Daytime Phone #

**941-755-5953**