

2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/1

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-16-2004 90041 044 ***150.00

DOCUMENT # P03000017413 1. Entity Name TO DIE FOR! OF ST. ARMANDS, INC.																																																																																																													
Principal Place of Business 9506 OLD HYDE PARK PLACE BRADENTON, FL 34202			Mailing Address 9506 OLD HYDE PARK PLACE BRADENTON, FL 34202																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66408327  02102004 Chg-P CR2E034 (10/03) 4. FEI Number 54-2094494 Applied For ☐ Not Applicable 5.-Certificate of Status Desired ☐ \$6.75 Additional Fee Required																																																																																																									
City & State		City & State																																																																																																											
Zip Country		Zip Country																																																																																																											
6. Name and Address of Current Registered Agent VOIGT, STEPHEN F ESQ 2041 BEE RIDGE RD SARASOTA, FL 34239						7. Name and Address of New Registered Agent 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: _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																																																																																													
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 <table border="1" style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>President</td> <td>Robert C. Reeve</td> <td>9506 Old Hyde Park Place</td> <td>☐</td> </tr> <tr> <td></td> <td>VICE-PRESIDENT</td> <td>MARIE T. REEVE</td> <td>9506 OLD HYDE PARK PLACE</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td>BRADENTON, FL 34202</td> <td>☐</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		President	Robert C. Reeve	9506 Old Hyde Park Place	☐		VICE-PRESIDENT	MARIE T. REEVE	9506 OLD HYDE PARK PLACE	☐				BRADENTON, FL 34202	☐																															TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition																																																
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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: <u>Marie T. Reeve</u> MARIE T. REEVE <u>3/10/04</u> <u>941-360-0890</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																													

66408327

Attachment

~~#D030000745~~

Please note that
FEI # has now
been entered per
your letter of 3/19.

Don't mess with the U.S.