



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91002 041 ***150.00

DOCUMENT # P03000022887					
1. Entity Name WRAPPED & READY, INC.					
Principal Place of Business 12453 FRIENDSHIP ROAD CLERMONT, FL 34711			Mailing Address 12453 FRIENDSHIP ROAD CLERMONT, FL 34711		
2. Principal Place of Business 12435 Friendship Rd Suite, Apt. #, etc.		3. Mailing Address 12435 Friendship Rd Suite, Apt. #, etc.			
City & State Clermont FL Zip 34711 Country		City & State Clermont FL Zip 34711 Country		4. FEI Number 48-1302382 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01162004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MIXON, DEBORAH C 12453 FRIENDSHIP ROAD CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name <u>Mixon, Deborah C</u> Street Address (P.O. Box Number is Not Acceptable) <u>12435 Friendship Rd</u> City <u>Clermont</u> FL Zip Code <u>34711</u>		
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 <u>Deborah Mixon</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-28-04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T <input type="checkbox"/> Delete MIXON, DEBORAH C 12453 FRIENDSHIP ROAD CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>12435 Friendship Rd</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MIXON, DEBORAH C 12453 FRIENDSHIP ROAD CLERMONT, FL 34711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>12435 Friendship Rd</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Deborah Mixon Owner 4/28/04