

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90428 022 ***158.75

DOCUMENT # P03000030345 1. Entity Name PRESENTATION IS EVERYTHING, INC.																																	
Principal Place of Business 2304 SEIDENBERG AVE. KEY WEST, FL 33040			Mailing Address P.O. BOX 2011 KEY WEST, FL 33045																														
2. Principal Place of Business		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country	4. FEI Number 20-0004922																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent HIGGS, CYNTHIA D 2304 SEIDENBERG AVE. KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																														
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>Cynthia D. Higgs</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04-29-04</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> PD HIGGS, CYNTHIA D 2304 SEIDENBERG AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HIGGS, CYNTHIA D 2304 SEIDENBERG AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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>Cynthia D. Higgs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>04-29-04</u> Daytime Phone # <u>305-293-7087</u>																														