2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90026 011 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P03000032142

1. Entity Name

BIRTHDAYS AWAY, INC.

Principal Place of Business	Mailing Address
381 SW MAGNOLIA LANE FT. WHITE FL 32038	381 SW MAGNOLIA LANE FT. WHITE FL 32038

2. Principal Place of Business		3. Mailing Address	
5109 NW 39 AVE			
Suite, Apt. #, etc.: B		Suite, Apt. #, etc.	
City & State: GAINESVILLE, FL		City & State	
Zip: 32606	Country: ALACHUA	Zip	Country

4. FEI Number: 54-2108479 ☐ 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
DUCKWORTH, ANDREA W 381 SW MAGNOLIA LANE FT. WHITE FL 32038	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	S/T	☐ Change ☑ Addition
NAME	DUCKWORTH, ANDREA W		NAME	DUCKWORTH, MICHAEL W	
STREET ADDRESS	381 SW MAGNOLIA LANE		STREET ADDRESS	381 SW MAGNOLIA LANE	
CITY-ST-ZIP	FT. WHITE FL 32038		CITY-ST-ZIP	FT. WHITE FL 32038	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Andrea W. Duckworth ANDREA W. DUCKWORTH 4-12-04 386-454-7573