2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # P03000033384 1. Entity Name 02-04-2004 90046 030 ***150.00 FS LA SAUCE INC. Principal Place of Business Mailing Address 2239 COCA AVE - MIDDLEBURG FL 32068 2239 COCA AVE MIDDLEBURG FL 32068 24003232 3. Mailing Address 2. Principal Place of Business 2239 S. Cocoa AVE 1241-21-Blanding Blud Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number PARK FI 59-3585904 <u>Orange</u> 1.ddlebur Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32065 Fee Required U.S. A U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LA SAUCE, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 2239 S COCA AVE MIDDLEBURG FL 32068 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Addition LA SAUCE, CHRISTOPHER NAME NAME P.O.BOX 1261 STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32050 CITY-ST-ZIP CITY-ST-ZIP Change (Addition TITLE Delete TITLE La Sauce, George 2239 sicocoa Ave LA SAUCE, 2239 S COCA AV E NAME NAME STREET ADDRESS 2239 S COCA AVE STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP Middlebury Fl. 32068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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.

FILED