

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/27/2004-90002-007-\$150.00-\$150.00

DOCUMENT # P03000038398

1. Entity Name
SONNY'S HOLDINGS, INC.



FILED

04 OCT 25 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8301 9 ST N
ST PETERSBURG, FL 33702

Mailing Address
8301 9 ST N
ST PETERSBURG, FL 33702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number

51-0460481

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

BERGER, TODD
810 63 AVE N
ST PETERSBURG, FL 33702

Name
Minnie Freeman

Street Address (P.O. Box Number is Not Acceptable)

8301-9th St. No

City St. Pete

FL

Zip Code

33702

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres.
Minnie Freeman
1200 Country Club Dr #2106
Largo, FL 33771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Tamara Freeman
1000 Country Club Dr #2006
Largo, FL 33771

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/04

B3