

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90663 049 ***150.00

DOCUMENT # P03000052019

1. Entity Name
A PERFECT MIX, II, INC.



Principal Place of Business
**124 TATE CT.
ORLANDO, FL 32828**

Mailing Address
**124 TATE CT.
ORLANDO, FL 32828**

94081052



2. Principal Place of Business
3820 S. Orlando Dr.
Suite, Apt. #, etc.

3. Mailing Address
c/o Mitchell & Roediger
Suite, Apt. #, etc.
2806 N. Alvernon

04052004 Chg-P CR2E034 (10/03)

City & State
Sanford, FL

City & State
Tucson, AZ

4. FEI Number
65-1188929

Applied For
Not Applicable

Zip
32773

Country

Zip
85712

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DVORES, HARRIS N
5141 GARLANGER TRAIL
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHAW, SCOTT M**
CITY-ST-ZIP **3925 FLOWING WELLS RD
TUSCON, AZ 85705**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KITTRELL, LESLIE**
CITY-ST-ZIP **124 TATE CT.
ORLANDO, FL 32828**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **AYER, MALCOLM**
CITY-ST-ZIP **13804 FONTANA LANE
LEAWOOD, KS 66224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S/T**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **Jacqueline Seferos**
CITY-ST-ZIP **4629 E. Thunderhawk Rd.
Cave Creek, AZ 85331**

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

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

Scott M. Shaw
SCOTT M. SHAW

Date

4/20/04

Daytime Phone #