

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

4/26

FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 90463 038 ***150.00

DOCUMENT # P03000077546 1. Entity Name HOLISTIC BOUTIQUE, INC.					
Principal Place of Business 12651 WALSHINGHAM ROAD STE C LARGO FL 33774			Mailing Address 12651 WALSHINGHAM ROAD STE C LARGO FL 33774		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <i>20-0098994</i>				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DASSLER, VIRGINIA 13520 TWIG TERRACE LARGO FL 33774			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
B. 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 <i>Virginia Dasser</i> Signature, typed or printed name of registered agent and title if applicable.		<i>Virginia Dasser</i> (NOTE: Registered Agent signature required when reinstating)		<i>4/2/2004</i> 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: <i>President</i> ☐ Delete NAME: <i>Virginia Dasser</i> STREET ADDRESS: <i>13520 Twig Terrace</i> CITY-ST-ZIP: <i>Largo FL 33774</i>			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <i>Vice-President</i> ☐ Delete NAME: <i>Virginia Dasser</i> STREET ADDRESS: <i>13520 Twig Terrace</i> CITY-ST-ZIP: <i>Largo FL 33774</i>			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <i>Secretary</i> ☐ Delete NAME: <i>Virginia Dasser</i> STREET ADDRESS: <i>13520 Twig Terrace</i> CITY-ST-ZIP: <i>Largo FL 33774</i>			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: <i>Treasurer</i> ☐ Delete NAME: <i>Virginia Dasser</i> STREET ADDRESS: <i>13520 Twig Terrace</i> CITY-ST-ZIP: <i>Largo FL 33774</i>			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ ☐ Delete 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: <i>Virginia Dasser</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4/6/2004</i> 7275179372 Daytime Phone #			