


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90095 041 \*\*\*150.00

<b>DOCUMENT # P03000082309</b>			
1. Entity Name <b>ARMAND COTNOIR, INC.</b>			
Principal Place of Business <b>9336 BRYANT RD LAKELAND FL 33809</b>		Mailing Address <b>9336 BRYANT RD LAKELAND FL 33809</b>	
2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address <b>SAME AS ABOVE</b>	
Suite, Apt. #, etc. <b>NA</b>		Suite, Apt. #, etc. <b>NA</b>	
City & State <b>SAME AS ABOVE</b>		City & State <b>SAME AS ABOVE</b>	
Zip	Country	Zip	Country

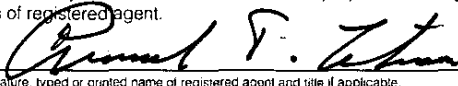
**54060410**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>COTNOIR, ARMAND 9336 BRYANT RD LAKELAND FL 33809</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.

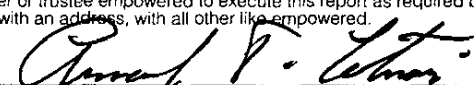
SIGNATURE  DATE **7-2-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COTNOIR, ARMAND 9336 BRYANT RD LAKELAND FL 33809</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **7-2-04** 863 698-6230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

54d60410

July 2, 2004

Florida Department of State  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Armand Cotnoir, Inc.  
9336 Bryant Road  
Lakeland, FL 33809-0360

Document # P03000082309

To Whom It May Concern:

I received the Notice of Intent to Dissolve on July 1, 2004. I only received the 2004 Annual Report on June 28, 2004.

Enclosed please find a check in the amount of \$150.00 for my annual corporate filing fees. I am sorry this has been delayed but it was just delivered to my home on June 28, 2004. The envelope was dirty and almost destroyed. It must have been lost in the mail.

Sincerely,

Armand Cotnoir

