

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90029 034 ***150.00

DOCUMENT # P03000090424

1. Entity Name

ELEGANT WHATNOTS FOR THE BRIDE & HOME, INC.



Principal Place of Business

1840 NW 141ST AVE
PEMBROKE PINES FL 33028

Mailing Address

1840 NW 141ST AVE
PEMBROKE PINES FL 33028

2. Principal Place of Business

5730 S. FLAMINGO Rd

Suite, Apt. #, etc.

3. Mailing Address

5730 S. FLAMINGO Rd

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Cooper City, FL

Zip

33330

Country

USA

City & State

Cooper City, FL

Zip

33330

Country

USA

4. FEI Number

55-0843184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLER, VALERIE
1840 NW 141ST AVE
PEMBROKE PINES FL 33028

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

Valerie Keller, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/04

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

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | KELLER, VALERIE | |
| STREET ADDRESS | 1840 NW 141ST AVE | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | KELLER, JOSEPH D JR. | |
| STREET ADDRESS | 1840 NW 141ST AVE | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | P/T/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Valerie Keller | |
| STREET ADDRESS | 5730 S. FLAMINGO Rd. | |
| CITY-ST-ZIP | Cooper City, FL 33330 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lucille Gunther | |
| STREET ADDRESS | 5730 S. FLAMINGO Rd. | |
| CITY-ST-ZIP | Cooper City, FL 33330 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Valerie Keller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 252-3323