

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90074 001 \*\*\*150.00

DOCUMENT # P03000091873

1. Entity Name

FABULOUS FEMMES, INC.



Principal Place of Business

580 OLULU DRIVE  
WINTER PARK FL 32789

535 PARK AVE N  
SUITE 124  
WINTER PARK,  
FL  
32789

Mailing Address

580 OLULU DRIVE  
WINTER PARK FL 32789

535 PARK AV  
SUITE 124  
WINTER PARK, FL  
32789

2. Principal Place of Business

535 PARK AVE N

Suite, Apt. #, etc.  
SUITE 124

City & State  
WINTER PARK, FL

Zip  
32789

Country  
ORANGE

3. Mailing Address

535 PARK AVE N.

Suite, Apt. #, etc.  
SUITE 124

City & State  
WINTER PARK, FL

Zip  
32789

Country  
ORANGE



MOORE

CR2E034 (11/03)

4. FEI Number

200195913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARRETT, MARK W  
1850 LEE ORA DSTE 210  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

JANICE STEWART

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

535 PARK AVE N.

SUITE 124

City

WINTER PARK, FL FL

Zip Code

32789

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

*Janice C. Stewart*

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

(NOTE: Registered Agent signature required when reinstating)

3/10/04

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEWART, JANICE C  
580 OLULU DRIVE  
WINTER PARK FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
STEWART, JANICE C.  
535 PARK AVE N.  
SUITE 124  
WINTER PARK, FL 32789 ☒ Change ☐ Addition

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

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

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

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

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

*Janice C. Stewart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

407-644-5635

Daytime Phone #