

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90021 008 \*\*\*150.00

**DOCUMENT # P03000097882**

1. Entity Name  
**FERRARA'S BEAUTIFUL BODIES INC**



Principal Place of Business  
**2533 GLENRIDGE DR.  
SPRING HILL, FL 34609**

Mailing Address  
**2533 GLENRIDGE DR.  
SPRING HILL, FL 34609**

2. Principal Place of Business  
**32884 US Hwy 19**  
Suite, Apt. #, etc.

3. Mailing Address  
**2533 Glenridge DR.**  
Suite, Apt. #, etc.



01072004 Chg-P CR2E034 (10/03)

City & State  
**Palm Harbor FL**  
Zip  
**34684** Country  
**USA**

City & State  
**Spring Hill FL**  
Zip  
**34609** Country  
**USA**

4. FEI Number  
**20-0341513** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FERRARA, BARBARA E  
2533 GLENRIDGE DR.  
SPRING HILL, FL 34609**

**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 ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **FERRARA, BARBARA E**  
STREET ADDRESS **2533 GLENRIDGE DR.**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **V** ☐ Delete  
NAME **FERRARA, JOSEPH E**  
STREET ADDRESS **2533 GLENRIDGE DR.**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **Barbara E Ferrara**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/04** **352-263-3654**  
Date Daytime Phone #