

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90139 026 ***158.75

DOCUMENT # P03000100578

1. Entity Name
A TOUCH OF TIFFANY INC.



Principal Place of Business
22055 US HIGHWAY 19 N
CLEARWATER, FL 33765

Mailing Address
3545 SHORELINE CR.
PALM HARBOR, FL 34684

14021275



2. Principal Place of Business

3. Mailing Address

5408 St James Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

City & State

New Port Richey, FL

4. FEI Number

11-3704265

Applied For

Not Applicable

Zip

Country

Zip

Country

34652

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASSER, KAMAL MR.
3545 SHORELINE CR.
PALM HARBOR, FL 34684

Name

Kelly Drew

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

5408 St James Drive

City

New Port Richey

FL

Zip Code

34652

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

Kelly L Drew

Kelly Drew

4-29-04

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
NASSER, KAMAL MR.
3545 SHORELINE CR.
PALM HARBOR, FL 34684**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
Nasser, Kamal
3545 Shoreline Circle
Palm Harbor, FL 34684**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Kamal Nasser

4/26/04

727-789-2653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #