


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

04-14-2004 90035 019 ***150.00

DOCUMENT # P03000101277	
1. Entity Name ONCE UPON A TIME OF VERO BEACH, INC.	

Principal Place of Business 878 17TH STREET VERO BEACH, FL 32960	Mailing Address 878 17TH STREET VERO BEACH, FL 32960
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07122004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0154940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STAWARA, STEPHANIE 2035 DELEON AVENUE VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephanie Stawara 2035 Deleon Ave Vero Beach FL 32960 <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
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)(f), 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: Stephanie Stawara 7/14/04 772-794-1583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



66431746

Attachment

Once Upon A Time . .

Fine Childrens' Consignment

July 12, 2004

Division of Corporations
P O Box 6198
Tallahassee FL 32314-6198

Re: P03000101277

Dear Sir or Madam:

This letter is in response to a postcard from the Division of Corporations regarding 'Notice of Intent to Dissolve'.

Upon receipt of this card, we call your office for clarification. Our records show the payment of \$150.00 cleared through our bank. We confirmed the payment with your office and I was informed that a notice was sent out due to our FEI Number not being listed. We did not receive this notice. As instructed by your employee, a 2004 Annual Report was downloaded from the internet and the FEI Number was entered.

It was my understanding that this will correct the problem and no further information or money is due. Thank you for your time as assistance in correcting this problem.

Respectfully submitted,

Susan Giovannone
Bookkeeper