

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90005 022 ***150.00

DOCUMENT # P03000108291

1. Entity Name

BOUNTIFUL BLESSINGS, INC.



Principal Place of Business

1399 KNECHT RD. NE
PALM BAY FL 32905
US

Mailing Address

1399 KNECHT RD. NE
PALM BAY FL 32905
US

2. Principal Place of Business

1399 Knecht Rd. NE.

3. Mailing Address

1399 Knecht Rd NE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY

City & State

PALM BAY FL

Zip

32905

Country

Zip

32905

Country

U.S.A

4. FEI Number

45-0533435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, LLOYD D
1399 KNECHT RD. NE
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name Lloyd Dean Hartman
Street Address (P.O. Box Number is Not Acceptable)
1399 Knecht Rd. NE.

City PALM BAY

FL

Zip Code

32905

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]

L. Dean Hartman

7-30-2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HARTMAN, LLOYD D
STREET ADDRESS 1399 KNECHT RD. NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE VP ☐ Delete
NAME HARTMAN, TINA A
STREET ADDRESS 1399 KNECHT RD. NE
CITY-ST-ZIP PALM BAY FL 32905

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
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:

[Signature]

L. Dean Hartman

7-30-2004

321-726-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #