

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000109125

1. Entity Name

SOCKS UP, INC.



**FILED
Apr 29, 2004 8:00 am
Secretary of State**

04-29-2004 90305 042 ***150.00

19012740



MOORE CR2E034 (11/03)

Principal Place of Business Mailing Address
1372 BAY HARBOR DR #304 PALM HARBOR FL 34685 1372 BAY HARBOR DR #304 PALM HARBOR FL 34685

2. Principal Place of Business 3. Mailing Address
1937 FORESTVIEW DR. 1937 FORESTVIEW DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM HARBOR, FL PALM HARBOR, FL
Zip Zip Country Country
34683 34683 PINELLAS PINELLAS

6. Name and Address of Current Registered Agent
HALES, TRACEY
1372 BAY HARBOR DR
#304
PALM HARBOR FL 34685

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
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	P	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALES, RAYMOND		NAME	1937 FORESTVIEW DRIVE	
STREET ADDRESS	1372 BAY HARBOR DR #304		STREET ADDRESS	PALM HARBOR, FL 34683	
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALES, TRACEY		NAME	1937 FORESTVIEW DRIVE	
STREET ADDRESS	1372 BAY HARBOR DR #304		STREET ADDRESS	PALM HARBOR, FL 34685	
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

TRACEY HALES

4.26.04

727 773 8063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #